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INTRODUCTION

There can never be enough information written on the subject of child rearing. Neither this book nor any other can reasonably claim to say everything about the dozens of problems or the thousands of contingencies that parents face every day.

It is true, however, that INFANT CARE provides more information and offers suggestions covering more contingencies than any other book of its kind. Based on the U.S. Government pamphlet published by the Children's Bureau of the Department of Health, Education, and Welfare. INFANT CARE has been written and compiled by some of the nation's best specialists—pediatricians, child psychologists, nutritionists, nurses and educators. It offers specifics on the care and feeding of your new baby, but it provides this information with an eve to the fact that parents, too, have problems—and it tackles these with common sense rooted in a pool of matchless and expert experience. Nor does Infant care overlook love. This is a book to be valued for the wealth of encyclopedic detail and advice within its pages, and treasured for the record of your baby that it will contain after you have filled out the pages devoted to vital statistics. You will find no fuzzy theorizing here; instead, there is a realistic approach to the fact that you are dealing with a new human being in the most human of relationships—that of parent and child.

Whether you are reading INFANT CARE as a new or as an experienced parent, you will find it an invaluable book.



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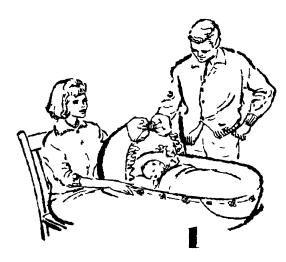
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THE NEW EXPERIENCE OF BECOMING A PARENT

The coming of every single beby a exciting to his family for in each one are gathered numberle sounknown possibilities. Each one is going to be a different kind of person, and his parents are eager to do all they can to help him become a happy and useful one.

It has always been quite a job to be the kind of parents that children need. Any undertaking that saworthwhile has its worries along with its joys and rewards and the childrenge to parents of bringing up children in today's world is very great. But we are also learning something about how families can encourage even during babyhood, healthy person differ that will be able to stand up under the stresses of life.

His home is the place where a child learns from the day he is born what people are like. He learns technics of friendliness and confidence from his parents. He gets impressions of how a 'father' acts and "mother' comes to mean to him someone who a always there when he needs her who however busy she is can pare some time to hold him and play with him.

A baby's mind is so fresh and new that things happening to him and around him strike him vividly. The first time someone puts—spoon in his mouth, the way he is dressed or the way he is bathed are all stored up as impressions of the people who do things to and for him. When he sees someone "kiss the spot" where an older child got a bad bump, he ab-

sorbs some of the meaning of love and kindness. When he stops crying on seeing his mother get out the dish from which she feeds him, he is learning his first lessons in cooperation and patience.

Something of what your baby is going to be was determined before he was born—for example, the general ability of his mind, his looks, perhaps even the way he will walk. But only the bare framework is there. Much of how it will be filled out is going to depend on his relations with other people. Those who are around him in his first year will have a lot to do with whether or not he finds the world a good place.

"If only I could have had my second baby first!" Many a mother has jokingly said this because she has found the care of her second child so much easier than that of the first. She exclaims over what a good baby he is. She doesn't worry about him as she did about her first. Now that she has been through the experience once, and has successfully met the demands it made on her, she teels calmer

This book should help you feel easy and confident with your first baby. A woman who is relaxed finds that her baby responds to her feelings and is easier to take care of And a man who knows something about what to expect of a baby can side step his nervousness and enjoy his cailed right from the start.

Something no book can tell you is how to get all the nork done that taking care of a baby requires. You'd probably toss in the wastebasket any book that tried, particularly on a night when you were staggering with weariness. You'd lose confidence fast in any book that forgot to mention the kind of day when you're mopping up spilled orange juice while the baby's howling and the telephone's tinging—with only three dry diapers left, and a steady rain coming down outside.

Those days when all kinds of little things seem to go wrong, or when the baby has to be held so much you can't get your work done, are pretty discouraging. Fortunately, these are outnumbered by the peaceful days, when our babies make it up to us.

It is common for parents to feel some what bewildered by their new responsibilities when their first baby arrives. Caring for a baby is a full-time, taxing job. None of the details of the day's work is especially hard; it's that there are so many of them, and that they're all new. Added to this, a new mother gets her strength back slowly. And the clumsiness we all teel in any new job makes each of the day's duties time-consuming. But with practice, things will get to be routine, and go taster than you think possible at first.

Learning to give a baby a bath and change his diaper doesn't take years of study. It's his needs as a person that take some really thoughtful

understanding They are tied up with the uay we feed and bathe and dress him They are truly met when his parents give him the tenderness and affection that help him feel secure. The loving he gets is just as important as his physical care

The more interested you are in being good parents the more you may be worried by your lack of experience but don't take your job too se riously. Babies don't break when you handle them, although they may seem very fragile at first. Of course you'll make little mistakes. Remember, however that if you take it easy in caring for your baby you will be doing him a great service. He can put up with quite a bit if he finds that you are consistent. Then he knows what to expect

When you both feel lightlicuited enough to enjoy your baby you are making a good start at building up teliance on your own judgment and common sense. No book or expert can ever tell you all about your baby. Only you two will get to knew him well enough to be able to decide what to do it many cases.

It may come a a surprise to have the baby enter into everything you think or do or plan. These double roles of husband father, wife mother are new. A new mother can feel hurt to have her hu band's first words when he comes in the door at right be 'How's the baby? And a new father may be just as disturbed that the baby cakes up so much of his wife's attention. Neither of you is really left out of the thou has of the other, but each may feel neglected if you don't know this. Both of you can laugh at these tympes of realousy if you understand what is happening, and through understanding torestall the situation.

When you take your baby home from the hospital or when whoever has been helping you leaves you may feel a bittle panicky. What are you going to do when he cares? How are you going to know how often to feed him? Will you be able to remember everything?

When you are 11 doubt you'll live to fall back on what seems the sensible thin, to do That word sensible is a good word to catch hold of Act on your own good common sense when you're uncertain a divoid find a lot of triffing wordes dropping off your houlders. Use our own best judgment Your self-confidence will grow as you find things work out all right.

About the first way you can be of use to your baby is by holding him closely and winnly. The vivy young infinitis still almost a part of his mother. He can't tell us exactly how he feels but he show plainly that he likes to be held.

Picking up and holding your baby is a natural and easy thing to do You can see very quickly that his head needs support. But iside from that, and his smallness, there's nothing hard about it. He likes the feeling, of firmness and support that your arms give him. He doesn't like sudden movement. Getting acquainted with him is important to the growth of your self-confidence, and to his trust in you. So hold him all you like. It's good for both of you.

Don't be surprised if you feel depressed and letdown when you first have the full care of your baby. You may have felt so well in the hospital, where things were planned and done for you, that it is a blow to find you get exhausted very easily and that your strength doesn't come back as fast as you supposed it would.

It should help to know most new mothers go through such feelings. Much as they want their babies, having to be forever on the job, night and day, is enough to make them feel blue. And it's natural to feel a little slighted when your friends and relatives seem to think only of the baby's needs and demands.

Such technis won't last long. If you don't try to undertake any but the very necessary things you'll get out of the dumps faster. For it's mostly a matter of not having enough physical energy to take things in your stride that causes this kind of temporary letdown.

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THE NEWBORN BABY

Whether your newborn baby weighs five-and-a-half pounds or sevenand-a-half or nine, he looks surprisingly complete. From his hair to his toenails, he's all ready to begin gathering experience.

WHAT HE IS LIKE

No matter what time of year he's born he'll weigh about the same, but a boy will usually weigh several ounces more than a girl. A first baby may be somewhat smaller than later ones in a family.

He may not have much hair, or he may have a lot. Sometimes it is quite dark at first, and the new hair comes in lighter. His skin will probably be somewhat red and mottled at first. His face may have very tiny white dots under the skin. In a little while, however, these will disap-

pear. Often a newborn baby has reduish biotenes between his eyeprows, and on the back of his neck. Usually they don't last long. Sometimes he has fine, fuzzy hair on his back and arms. This will gradually wear off. He seems to have almost no neck, and his head looks too large for his body. His arms and legs look very small and inadequate. He develops from his head downward, so he will use his arms and hands carlier than his legs and feet.

The muscles of his body are not strong enough yet so that he can even raise his head, or hold it up when he's litted. But his neck and head muscles will be the first he can control; within a few days he may begin to push up his chin a little while lying on his stomach.

WHAT HE CAN DO

The few things he can do when he is born, like being able to suck, help to keep him alive. He can cough and sneeze, and cry. too, and so protect himself a little. But he is completely dependent on his parents.

A baby's helplessness at birth-and his long period of babyhood and



childhood—are in ratio to man's advanced development. And because babies are boin with very little ready made behavior they are lice to live and thrive under many different circumstances.

At first though a baby can wingle and squarm his movements are ran dom and pointless. He can't control them. His nervous system isn't developed enough so that he can move just one arm or one leg. His whole body a lakely to move when he touched or litted. He can't control the movements of his eyes, so they may not always look in the same direction. This is true for many weeks, but it doesn't near he is cross eyed.

There's a reason for that large head. The baby's brain has been growing very firt before he was born. It will direct the development of his behavior and control his movement. His brain is the center from which his nervous system goes out to every min cle and nerve ending whether to his eves or his firgers and toe.

His head may have been squeezed a little while he was being born but it will soor get back its natural shape. The bore of the head have not hardened as they vall later. The nakes it possible for some of them to overlap each other while the lady a being born and makes the baby's head look leng at that. The averlapping a netimes shows up as little radges that snooth out in the first few weeks of life.

the off spot or fortinel on tep of a bala's head as a place where the bose have not ver grown together. You can feel this depression protected by a strong morab are under the same. See Bathing Your Baby p. 84.) In many babie, the boses a cound this font incl. will have grown together by the end of the inct. you.

The upper part of a newform baby's race is more fully developed than the lower part. He chin and raw are not so prominent as they will be fater after his teeth come in But because his mouth and hips are so important in getting food, they are well developed.

An whom buly can both tiste and smell. The sensations he gets through his skin seem to be e-pecully strong. He appears to enjoy being touched and patted gently and to like the feeling of being closely wrapped. He is sensitive to he it and cold. It takes him a while to get used to temperature changes. The temperature was always the same in the womb.

A newborn beby can't really see things found him but his ever are ready to see as soon as he can practice. To really 'look' at things takes more ability than he has at first. At the very beginning things happen to him the 1s more passive than active. His surroundings at first are only dark or light, or a moving blue. He is aware of bright lights of things that move long before he can get a clear image of any-

thing without sharp outlines, like a face. That takes time and practice.

From being able at first to notice loud or sudden sounds he will very soon show he is aware of voices. For many weeks he can't tell one voice from another, but he often stops crying when someone talks to him.

It is a big change for a baby to come into the outside world. For a while after birth his breathing will be uneven, just as his temperature will have ups and downs. Sometimes you can hardly hear him breathing, at other times he breathes quite loudly, now fast now more slowly. While he is sleeping his evelids and hips may quiver and jetk, indeed he may twist and turn a good deal and make strange sounds. Sometimes his sleep is a drowse sometimes it is deeper. He will sometimes hiccup Sometimes some of the food he has jest swallowed will come up again, but this is not true comiting. It may take him several weeks to settle down to his new life.

HOW HE WILL GROW

Each baby has his own rate of growing. A long-stender baby will not weigh so much in proportion to his length as a short chubby one—ven though both are healthy.

For a few div. after he is born your baby will lose a little weight be cause he is not taking much food. But after he loses these few ounces while he is getting used to live a outside his mother's body, he will begin to gain—and go on gaining.

Babics grow much faster in weight than in height. It takes only a few months for a baby to double his birth weight, but it will take him about four years to double his length. During his first year he will probably gain about 10 inches.

There is no certain number of ounce, that babies should gain from month to month. For your baby to gain steadily is far more unportant than how much be gains.

If your baby runs right along it matters not it ill whether he is smaller of larger than another baby you know of the same age. Fo expect your baby to be like someone else's baby is as absurd as it would be to expect the parents of both babies to be exactly the same size.

The younger vont baby is the faster he will gain. You can expect him to add more to his weight between his second and third month than between his ninth and tenth. His growth really begin to slow down when he was born; a baby never again gains as fast as he did the last couple of months before birth.

Throughout babyhood—as is to be expected—the average boy is a little larger and heavier than the average gul.

THE PREMATURE BABY

A premature baby is one that is born more than two weeks before the expected time. Because it is difficult to determine the exact time a baby is due, all babies weighing less than five-and-a-half pounds are considered premature. Even if the baby is tull-term according to the mother's reckoning, it it weighs less than five-and-a-half pounds it needs special care and should be treated as premature.

A sudden gush of water from the vagina several weeks before the baby is due usually means that premature birth of the baby is likely. The gush of water results from breaking of the bag of water and is often the first sign of premature labor. If the bag of water breaks, let your doctor know at once Premature labor may be very short, because a premature baby is smaller than a full-term baby and can pass through the birth-canal more quickly.

Some of the causes of premature labor are toxemia, syphilis, or a very inadequate diet. However, most cases cannot be explained. Women who have had good care during pregnancy are less likely to have premature babies than those who do not get good prenatal care.

A few of the babies born before their 28th week of development have lived, but this is very tare. Before this time, the baby's internal organs have not developed enough for him to be able to live in the outside world. After the 28th week, or roughly about six-and a-half calendar months of pregnancy, his chances of living, if prematurely born, increase with each month. A seven-month baby has a fair chance of surviving birth; an eight-month baby even better chance, if he is given the special care that all premature babies need.

Premature babies need special care, because they are not so strong, and their bodies are not so ready to get along in the world as those of larger babies. They may need to live in an incubator for a while, where there is carefully regulated temperature and humidity. When it is necessary to make it easier for a baby to breathe, oxygen is introduced into the incubator. If they are very tiny, premature babies should not be handled any more than is absolutely necessary. Small Falics need to be es-

pecially carefully protected against infection, so only those workers whose duties lie entirely within the premature nurseries are allowed to handle and take care of them.

When a baby must be kept in an incubator in a hospital it means that during this time his mother cannot care for him, and can see him only through the windows of the incubator. She may not be able to take him home from the hospital when she goes, or perhaps cannot keep him at home if he was born there. The length of his stay in the hospital depends to some extent on whether he is very tiny or is just under five-anda-half pounds. Most premature babies are not sent home until they weigh five-and-half to six pounds.

Probably the mother will not be able to breast-feed the baby at first, although the doctor may want her to learn how to express her milk by hand or with a breast pump so it can be fed to the baby. Some mothers learn to do this skillfully, and can even keep up their milk supply well enough to begin breast feeding the baby when he is big enough to come home. Very tiny, weak babies are often fed through a tube at first, or by a medicine dropper.

A premature baby should be born in a hospital, if possible, where there are good facilities to take care of him. If he is born at home, and is quite small, every effort should be made to get him to a hospital which has special equipment and a staff devoted to the care of premature babies.

There may be a special service for premature babies in your local hospital, or in another hospital in the state. Some of these have been established under the direction of the state or local health departments. Some hospitals and health departments have specially equipped ambulances to take a premature baby to a hospital.

Caring for a small premature baby at home is a big and difficult undertaking, and should not be tried unless there is absolutely no way to get good hospital care for him. A larger premature baby, one weighing four pounds or over, may be cared for at home, if he is born there. The publichealth nurse can help you a lot in caring for a premature baby.

The most dangerous time of a premature baby's life is in the first few days. With every day that goes by, the chances for his survival increase tremendously. At the present time premature babies have a better chance than ever before since the methods for their care have been greatly improved, and new equipment has been perfected.

After a baby weighs nearly as much as most babies do at birth, he no longer needs special care because he came early. Then he is ready to go home and be given the care given any other infant of the same size. Such a baby needs to have the same loving attention that other babies

get. He likes to be held, and talked to und comforted by feeling close to his mother. His smallness may make his parents feel awkward at first, but such feelings quickly wear off.

Some hospitals give mothers a chance to learn how to care for a premature baby before he leaves the hospital. They have a chance to watch the nurse take care of him, and then, under her direction, they care for the baby themselves, diessing bothing, and feeding him.

When premature babie start to gain they seem to be in a hurry to see that the time they lost a made up. As compared to full term babies they sometimes make extra first pairs.

Naturally it takes premittine balor a while to eatch up in size with balors who had the advantage of longer time to develop before being born. Sitting standing walking and talking all come along in proportion to the amount of time, ich a baby is a balon, the infant who was born, it full term.

Prient of frematurely lan hildren no sometimes tempted to freat them as though they were different from other children becaut they were so tiny and delicate at first. To go on treating children as though they were in need of avail in the house as not doing them a tayor. They profit be having a character to be oundependent that their unusual bands as forgotten.

4

FITTING IN THE NEW MEMBER OF THE FAMILY

For such a small person a baby mak's big changes in all your ways of living. He can't immediated for into our ways so at first you have to adjust to him.

CHANGES IN YOUR WAY OF LIVING

The first few days have be trying ores for the beby may turn your nights and days topsy tury. You will need to take things as easy as you can shutting your exes to some of the household duties you leave undone. You will find it a good plan to get some sleep during the day when the baby does. Then you won't be so worn out if he keeps you awake

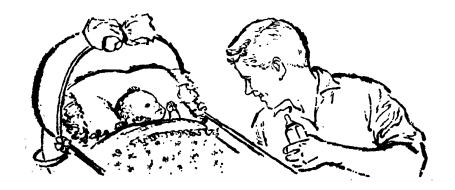
at night. Remember, the more rested you are, the calmer your baby will be. He can feel tiredness and tension in your arms and voice. He responds to a rested, unhurried mother, too. To be such a mother will almost surely mean some changes in what you think are the important things to be done.

PLANNING YOUR DAY

If you can arrange it, it would be better to have some help with the housework for the first weeks after your baby comes. If you can't get help, talk your program over with your husband. Between you, the absolutely necessary things can be handled, and the baby will come first with both of you. Whatever you have to slacken up on or leave undone during these early months, just remember it doesn't matter too much.

Fortunately, a young baby often sleeps enough so that you will have a chance both for rest and for some household duties, even though you can't schedule them regularly at first.

If you are letting the baby have some say about when he will eat, the hours when you do things in the first few weeks will almost surely be haphazard. Just because it may have been more convenient for the hospital to bring the baby to you for feeding at certain hours, don't think you need to fall in line, and follow exactly that same plan. Letting your baby help pick his own times for nursing doesn't mean he won't gradually ease himself into a regular schedule. Some babies have a fairly regular rhythm of hunger that allows their mothers to count on their needing to be fed at three- or four-hour intervals. This doesn't mean you'll have anything like that amount of free time in between, though, for it may take the better part of an hour to feed the baby, burp him, and get him settled down to sleep again. The majority of babies take several weeks—and some a couple of months—to settle down to a regular



schedule. In the meantime, it can be a trying period for both of you.

Your common sense will help you out a lot. After a time or two when the baby wakes and howls for food just as you're about ready to put supper on the table, you may decide to wake him up and feed him while the meal is cooking. Or if he takes to waking just before you finish eating you'll know there's no harm in letting him cry for a few minutes, or in holding him while you finish your meal. To feel that you must let him dictate exactly when he must be fed leaves your needs completely out of account. A paby's needs won't be met if you try to ignore your own—or those of the rest of the family.

YOUR BABY NEEDS HIS FATHER

Fathers are likely to feel they've had one strike against them if they have not had a chance even to hold the baby till they carried him home from the hospital. A father wants to have some part in the care of his baby, but he doesn't want it to be only the middle of the night pacing that is such a favorite of cirtoonists. He's good at more than bottle-warming and diaper-changing though at times inexperienced mothers seem to cold shoulder the idea that he can have any worthwhile suggestions about a baby's care. A father feels just as necessary to his son or daughter as a mother does. And a new father may be no clumsier at giving a baby a bath than his wife is. If he draws back from taking a share in his baby's life it may be because he doesn't like the idea of being laughed at by his womenfolks, not because he feels he can't.

Of course he can feel necessary to the baby while he's doing the laundry. But he doesn't get the kick out of it that he does when he gives the baby orange juice or holds him and talks to him when he cries. He wants to teel close to his baby not just somebody who takes over some jobs so that his wife can give full time to the baby. And a baby wants to know his tather as a warin, comforting person. He can't learn this from having his father do liundry, he has to have direct contact with him.

YOUR TIME OFF

Your baby will be much better off if you get out to see friends and keep up some outside interests, as you did before. Even if you can have only part of an hour for them every day, your reading and special interest or hobby shouldn't be forgotten.

While the baby is very young and sleeping so much, you can take him with you occasionally when you go out But keep in mind when you take him to other houses that he has very little resistance to colds and other infections, and should be carefully protected against exposure to them.

The companionship and play offered him by his parents is about all a very little baby can take. Later he will gradually be able to get used to and enjoy other people especially if they don't force themselves on him

Once in a while if you have no one at home to leave the babs with and haven't found a sitter you trust you may have to 50 out in the evening separately. But when you can possibly arrange it 50 out to 5,ether Your relationship with your husband is important, too!

You and other couples can take turns below sitting. Some groups of neighbors have worked this out in very business like fashion keeping track of the hours they owe each other.

Sometimes it may be more convenient to leave the beby it a neighbor's or friend's house. As the baby gets older this isn't wise unless the baby feels at home there. A vary young baby doesn't seem to mind stringe surroundings but an older one may be desperitely trightened to be alone in a strange timely. We can't be sure that arch in experience has a latting harmful effect on a child. But it is hard to see how a reasoning to a whole evering (as sometimes happens) could be invitting but damaging to a baby's trust in people.

For a discussion of some things to keep in mind about the persons who serve as haby afters or who care for your baby if you work cut ide your home, turn to pages 11, 114.

AVOIDING FAMILY TENSION

Of course you wint to have a happy haby You — a make a hig contribution to his happiness by keeping the atmosphere of your household pleasant. A haby a casily a pset by ontusion hurry loud voices of other thing, that are the result of people's nerves being on edge. If his parent feel invious tense or unhappy he souly too likely to feel that way too. His behavior as a marior that reflects what gives on around him.

While a baby may not under timo neho we are saying be feels the effect of how we say it. We doe expecting a minute of we thought tim these could get along without any bickering but keeping in mind the effect of irritable behavior on a baby, a make you think twice before giving vent to it.

A baby's crying may seem like the last stray. Really at may be the result of the last stray verified on by trying to do so much that you couldn't give the baby enough attention. When you get or refred your baby is apt to be fussy. Sometimes a baby even refuses to nuise when his mother is upset, he feels her excitement almost as much as she does. People say "Her milk disagrees with him," when it's not the milk that has gone wrong but her feelings.

Husband and wife are often brought up in very different kinds of homes. Without knowing why, you already have some rather set ideas about how children should be reared

The more you can get together on what the important things are that you want to have in your family life the better

You may disagree about details of the baby's care You may have different ideas as to how he should be handled. But remember—neither of you can always be right. Get in the habit of deciding on a policy when the baby isn't around so he won't learn to play one of you against the other. Any child will try this at least once.

If differences come about because of the suggestions or even interterence of relatives you will both need more fact and patience than when the disagreement is between vourselves. It is your right as parents to use your own judgment

YOUR OTHER CHILDREN

No matter how much an older child has looked forward to the coming of a baby he is almost bound to feel a jolt when the baby arrives. For one thing he is disappointed not to be able to play with the laby unless parents have been careful to explain beforehind what new born babies are like

A new baby always of course causes excitement in a household. But even if a child has thought be wanted a brother or sister, he won't en joy being neglected in its tivor. If virg to share parents with a new comer is tough. But you can help a great deal to lessen his hurt by trying to under tend what he's going though.

When a child finds that the new baby tobs him of a lot of your time and attention he may show he resents it by trying to be a baby again himself. He may want to go bick to his bottic be me in to the baby, or act up in ways that are stringe and hard to understand. He may act sulky about giving you the help' with the baby that you thought was going to make him feel warmly loving.

Parents sometimes say a child is not jealous of the new baby. What they really mean is that he isn't showing his distress—at least in ways they can tell are connected with the baby. We can take it pretty much for granted that all children feel some jealousy when they cease to be "the baby." It is a natural feeling in all human beings when their relations with a person they love and depend on are the least bit threatened. You may feel it's laughable for a child to be afraid he is losing any part of your love, but we have to accept the fact that he sometimes does feel that way. Be careful not to seem to consider the baby more impor-

tant Keep the incutable 'Hush! The baby's asleep!" or "Wait! I have to feed the baby" down to a bare minimum. Remember just a very short time ago you were thinking of him as "the baby." He likes to have you say, "I did this for you when you were a baby."

It an older child is some to sleep in a different room or give up his bed to the baby the change should be made well before the baby comes. In this way, the new arrangement can be set up as a privilege rather than as taking something away. If he has a strong feeling that the bed is his he needs to help plan with you about using it for the baby.

Children are less likely to resent their new baby brother or sister as a rival if they are made to feel the baby is theirs as well as their parents. Under supervision, let them hold the baby hug him feel his grip on their fingers. Let them help pat him dry after his bath. This kind of helping is more function than run ungety fetch drapers. Showing an older child that you can accept his feeling that the baby is inconvenient from his point of view cases his mind, too.

If an older child wants to tay having a bottle again, when he sees the baby having one what sate harm in letting him? Don't let people bugh at him for wanting to copy the baby's ways.

If the older child clines to he mother perhaps that can be lift father' signal ortake over some of the new beby one to allow the mother from time for the child. Or the child may turn to he tather and get reason ance from closeness with him. Done to afraid of overdoing the consider ation you show him. Better point of your way to be that thing start off right than have to try to mend a bad situation later. Your one of the baby will be far from simple if you also how a white can the left alone with the baby for a manute. And the possible long time hart to a jerilous child is something we have no way of estimating.

You may have to give justly broad hints to get fir indound relatives to show an equal interest in the older child. Grandparents and uncles and mats may need to be encouraged to bring little presents or offer at tention to him as well as to the near baby. Comments on how pretty the baby is how lively or how lare in fact any remarks that draw comparisons between the children may make the older one feel hes less important. He is often just at the stage of realizing lumiself as a person about the time a second child cone, along To feel that he is being rejected in favor of the newcomer might easily damage his self-respect

Parents can find and make use of ways of being sure that in older child continues to feel wanted, accepted and cherished. Then jealousy won't amount to much.



5

PROVIDING FOR YOUR BABY'S HEALTH CARE

It you can settle on a doctor for your baby before the child is born A doctor has a better chance of keeping a baby well if he can look after him from the year tart

YOUR BABY'S DOCTOR

Your family doctor will probably one for your bally it you do not live where there are doctors who are specialists in the one of children Many doctors whose practice is a general one have devoted much of their time to work with children.

If you need help in finding a doctor of k your county medical society or your health department (city county or state) or local hospital to give you the name of several pedratrician, who have had training interest or experience in our ng for habits and young children

When you have picked out your dictor talk over with him how often be will want to see the baby and what the cost of his cryices will be

In some places you can take your haby to a well buby clinic for regular physical check up. Some hospitals have out patient departments or clinics where parents cinicit care for sick habies.

If you want to take your baby to a well baby clinic your state health department will help you to ate one. Address your letter to the Director of Maternal and Child Health. State Department of Health adding the city where your State Department of Health is. It is usually to be found in your state capital.

In some communities, a public health in use will come to visit you and the baby in your home during these early weeks if you want her to Find out from your health department if you can get this service. Your doctor or the clinic doctor will want to see your baby about once a month until he is six months old and then about every two months, up to the end of the baby's first year.

Once you put your baby in a doctor's hands, follow his advice care fully. The doctors your friends go to may give them. 4 Terent suggestions

but remember that these are usually based on differences between your baby and your triends' babies

When he talks things over with you during these regular and careful inspections your doctor can give you the help you need to handle every-day problems. He can keep watch to see that the babs is well nourished and tell you what to be on the lookout for in his development. He will let you know when he thinks it is time for your baby to be protected against certain diseases by immunization.

In order that he may make a careful examination the doctor will have you undress the baby. Fither the doctor or nurse will then weigh and measure him. Next the doctor will witch to see whether the baby is active and lively and look to see whether his skin is a good color. He will examine every part of your baby shody. He will look at the back time legs feet, and skin he will examine the head eyes cars not eneck mouth gain, teeth tongue threat and glands, he will examine the chest paying special attention to the heart and lung. In will circuitly feel the abdorsen and examine the genitals.

I ich time the doctor examine, the boby he will keep a record of what he finds addras up to a medical history of your child.

After he has made in - xammation, the doct a will be ready to answer your questions, and gave suggestion, about any neighbor pair wints you to do for the baby.

If on don't underso not what the doctor has tell you don't be alread to use him to explin over a nin Doctor sometime are medical words that are not familiar to you.

6 FEEDING YOUR BABY

To give our bily a good start you try to make excepthing as easy for him as you can while he is getting used to life

His nourishment come first in reportance for feeding him not only keeps him alive and helps him grow it allows his early ellings to be those of ease and trustfulne - A new baby doesn't feel worry or fear, in the sense that he will liter, but he can certainly feel distressed if he isn't fed properly.

So, whether your baby is nursed at the breast or fed from a bottle, your concern will be to see that he gets enough food of the right kind, that he gets it when he needs it, and that he finds taking food enjoyable. A breast fed baby gets a certain contentment out of being close to his mother, and the bottle fed baby who is always held while he nurses can feel the same kind of warmth and tenderness surrounding him

If his feedings make him comfortable his sleep and activity needs will almost take care of themselves. But if his food doesn't make him comfortable he will be tretful and the whole tone of his days will be on the unpleasant side. You will be anxious and tense and so less able to give your baby the sense of safety and support that is rightfully his

THE DECISION BETWEEN BREAST AND BOTTLE FEEDING

It matters much less then whether you feed our baby by breast or by bottle than that you teel easy and relaxed and onfident in your ability to provid for him. If you can make him, and want to fine. If not his propress on a bottle can be just as successful. It is the spirit in which you feed your baby that counts a other than the particular kind of milk you have decided to give him.

Breast feeding is the natural way to feed a baby and both mother and baby a nally enjoy the experience. When a mother has plenty of milk, breast feeding is easy and ample

Breat milk is pure of the right temperature in leasy for babbes to digest lt is always ready so a hungry baby need not be kept waiting. It contains more of the element no essary to a baby than any other food. There is less chance for exposure to certain infections, and a breast fed baby is almost never consupated.

Even though a mother can breast feed for only a month or six weeks there is in idvantage in letting a baby get his strat on the breast

Some women have the idea that nursing a baby will spoil their figure, but there's little to be in this out. It's the changes that take place during pregnancy not the nursing that affect a woman's breasts.

Breast feeding need not the von down. Once the supply of bre-st milk and the baby's feeding times are established it's all right to give a bottle for one feeding a div occasionally when you want to be away from home longer than the time between nursings.

If you are not able to nurse your baby when you have counted on doing it, don't let your feelings about it get you down. Breast feeding is only one way of showing your love for your baby. He feels it when you bathe and dress him. He enjoys watching your face, and grasping at your fin-

Babies' physical growth needs can be satisfactorily met by carefully planned cleanly prepared formulas. This is very comforting especially to the mother who must work full time outside her home. But she should watch out to see that the person caring for her baby is gentle and tender and devoted to him. Babies need more than food in order to thrive. This is so important that doctors in hospitals often prescribe. "FIC" for babies who are not doing well. It means that the nurses are to see that they get an extra amount of tender loving ene."

It a mother isn't happy nursing her baby and does it only because she thinks it is her duty it may be better all around for her baby to be bottle fed. Mothers who find bottle feeding easier should feel comfortable about doing it that way

A mother who nurses her baby can tell when he satisfied is well as one who can be what he takes out of a bottle. The taght amount for a baby is what he waits not a certain number of ounces. When he is full he either call askep less the milk diabble out of his mouth or shows by turning away that he doesn't want any more.

Sometimes doctor and hospital take very lightly a mother's earnest insistence that she intends to noise her baby. She may have a hard time convincing them that she means what he says. Or ly when a mother a all in a way that would make been a feedual dangerous for our or her baby should the privilege be denied her.

BABIES KNOW WHEN THEY NEED TO BE FED

A number of vores and the idea become wide preside that babies must eat at rigidly see intervals of three or four hours no matter how much sooner or later they got hungry. Doctor, linew that habe, thrive better when fed regularly, but they did not intend that methers should take chedule, as secrously as many did.

In make a hungry I aby cry for half an heur because it is not time for him to be fed is hard on him. It can be distressing to his mether too. On the other hand feeding a body just because he cases may make just as much trouble. He may not be crying because of hunger. If he is n't, being stuffed with rilk won't make him happy, although he may luck away and then pill over what took. There are a good many times, every mother of a young baby soon learns when she must use her lwn i adgment is to her baby's need for food although depending in the main on her doctors, idvice.

Letting a baby have a chance to develop a feeding thythm of his own takes more judgment than feeding him at set intervals. But it's much

easier than having an unhappy baby and a proportionately nervous mother.

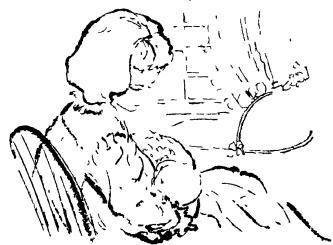
SELF-REGULATED FEEDING

"Self demand feeding" is not a very good way of saying what we mean when we try to let a baby help develop his own feeding thythm. If we really carried out self-demand, we could turn a baby into a tyrant. I carning to expect all his demands to be mer immediately would make him far from happy in the long run. Self-regulation of feeding, might be a better way to put it, for a baby by growing and needing food less often does help to get his feedings on a regular basis. He gradually begins to be content with feedings that are faith a apart as he takes more mill at a time.

A totaly's hunger is the best over the gody. Eventually, we need to at tive it more or less regular hours. But the move toward regularity should come great dually.

Though behis sleep to good deal of the time during the first few weeks they don't always sleep long at a stretch. They not wake and appear to need fool as many as a dozen times in 24 hours while their tomachs are a small that they can take only a little milk at a time.

However by the time a baby is ementhold there will often be stretches of three hours or more between feedin. When they are between two and three months in my babic, settle down to non-singly dout every four hours during the day. Some need to be a patent is every three hours for a longer time. Here too each baby has he is an pattern.



By the time your baby is one to two months old, he may sleep through the night after a late evening feeding. Some babies are not ready that soon, and need a middle of the night feeding longer. A baby doesn't need to be wakened for feeding during the night unless a doctor advises it

7

WHEN YOUR BABY IS BREAST-FED

A nursing mother hould try to make sure that her health need are met. This is not easy to do for onew mother of tempted to think more of the baby's well being than her own.

HEALTH CARE OF THE NURSING MOTHER

A nursing roother needs the loods that are, ood for any healthy adult but she needs rarger amount of ome of them. It she has been eating a liberal diet during a normal pregnancy she will have to make only a few changes in her meals while she is nursing bere baby.

FOODS NECESSARY FOR A NURSING MOTHER

MILK. You will need at least a quart of milk a day. More will be all to the good. It can be firsh evaporated or dried whole milk. Use milk for soups creamed foods custards and other desserts like milk, herbet Cooking cereals in milk is a good way to add to your milk intake

You can use cheese in place of some milk. A one and a half inch cully (two ounces) of vellow cheese is about equal to a pint of milk. If you use cottage cheese as a substitute for part of your daily quart of milk its member that it doesn't contain as much calcium as yellow cheese does

If you tend to gain weight use some skim milk either tresh or dived. It has less vitamin A than whole milk but you can get this by eating plenty of leafy green and deep yellow vegetables.

FRUITS AND VEGETABLES. You will need from five to seven servings a day of truits and vegetables and at least one serving of each should be raw. You should have two servings of oranges, or other citrus fruits or of tomatoes melon have cabbage or berries, and at least

one dark green leafy or deep vellow vegetable. To these add potatoes and any other vegetable and fruits you like

LEAN MEAT, POLLTRY, AND FISH. At least one generous serving each day is desirable, two are better All meats are good foods but the lean parts are what help to build up muscles and blood. Liver is especially good. You can use any kind of sea food in place of meat.

E465. One egg a day is de itable. You can use an extra egg or two to take the place of one serving of meat.

GEREALS AND BREAD. Use only whole grain restored or entiched cereals breads and flour Three servings a day will help supply needed vitanins as well as help to apply energy

When white breads or other refined products are labeled "enriched" or restored" it means that virtumins and minerals have been added to take the place of those lost in milling. You will get most food value for your money it you buy whole grainse reads like outheal and cracked wheat

min A They are a good sour east energy but if you are witching your weight out down on these and other fits and be sure to cit planty or such foods as liver carrots yellow squash, and leafy green vegetables

A SOURCE OF VITAMIN D. The vitamin D you take will help your body make use of calcium you get in rails and other foods. Your doctor will advise you what to use to get enough vitamin D daily

WATER AND OTHER FILLIDS. You will need to take plenty of flur is while you are nursus. Be i les water and the milk you drink you can use fruit juices, soup and drink like tea and coffee

States especially the Great Lakes region and parts of the Northwest the soil and water lack rodine. The lack of rodine in the vegetables grown in such soil is often made up by a coral lized salt. A k-your doctor wheth a you need extra rodine.

If you get enough milk i nt vegetables lem meat poultry fish eggs, and whole grain or enriched bread and cereals as a rule you may eat as many sweet fat and stricky loods is you wish. If you are gaining weight too rapidly however these me the loods to cut down on

REGULATION OF THE BOWELS

The foods you est can help a freat deal to prevent constipution. This is very common after childbirth is it take your body several weeks, per haps even months to get back to normal

Among the foods that you can depend on to help prevent constipation are leafy vegetables, prunes has apples, thubarb, whole-grain bread

and cereals. Drinking a glass of water the first thing every morning may help. Walking and other exercise, as soon as you feel like it, will help regulate your bowels. A regular time for a bowel movement is helpful.

Leave laxatives alone, unless advised by your doctor. They are only a temporary remedy for constipation, not a preventive measure. Also, the drugs in laxatives may pass into your milk and make the baby's bowels loose. An enema is the safe way of emptying the bowels when they fail to move naturally.

SMOKING AND DRINKING

Doctors differ in their opinions about a woman's smoking and drinking during the time she is not sing her baby. Ask your doctor about these questions and follow his advice.

SLEEP. REST, AND EXERCISE

Every nursing mother needs at least eight hours of sleep at night, and an hour's rest during the day. If you are tired you may not produce enough milk for your baby. Sleep during the day is even more important while your baby is still taking a night feeding that keeps you from having an unbroken sleep.

If you have to take on all your household duties very soon after your baby's birth, short rests during the day will be a big help. Otherwise your milk supply may suffer. Lying or sitting down for five or 10 minutes between jobs will keep you feeling a lot fresher than keeping at your work long at one time. Many nursing mothers find milk or fruit in midmorning and mid-afternoon helps to keep them from getting overtired.

If you possibly can, have help during the first six weeks. You'll enjoy looking after your baby more if you are not burdened with getting meals, washing and cleaning. If you take over the housework gradually, your health will stand up much better.

Getting out into the open air is important. You will probably not feel like taking much exercise for a while if you have housework to do. Just being out of doors in the fresh air and sunlight will improve your health and spirits—both of which are vital to your baby.

CARING FOR BREASTS AND NIPPLES

Taking good care of your breasts will help in making breast feeding successful. From the start, wear a brassiere that gives turm good support. Bathe them at least once a day, and clean off your nipples after each nursing. This care makes you more comfortable, too.

When the milk first comes in, your breasts may hurt a little. Usually

this lasts only until the baby is emptying them. If they get overfull and tense use an ice bag to make their comfortable. This caking of the breasts should not lead you to went the baby as it is only temporary

A baby's first efforts to nuise often make the nipples tender but this should not discourage you from nursing as it lasts only a short tune. Letting the baby suck only two or three minutes the first few times helps to prevent sorenes. In a few days or a week the nipples helps sensitive. You can put on a little cold cream between nursings if you like Wash it off before you feed the baby. Between nursings cover your nipples with a clean cleth held in place by your brissiere. This is to soak up any milk that leaks from the late at 5. You can change it often Wash dresses that open in front are convenient for nursing.

Tell your doctor at once of your maples should become sore or crack documents thing else keeps range from being satisfactory

WHEN MOTHER'S SUPPLES ARE SORE OR CRACKED

using a nipple shield

there is times when here eres necessary to keep a nur mu baby's mouth frem touching his med as impples because if y are sore or cracked—or mantaled in any way.

In such case, the baby draw mile ton the breast through a nipple shield. The nipple shield hould be closed the roughly after nursing and boiled before being used again. It is disple shield should not be is I, as this is dispersively little baby cannot obtain the milk when a shield is used the mother hould express the nalk from her breasts by hand or with some type of beast purity and feed at to the baby from a bottle

emptying the breasts

Before expressing the milk whe has by hand or by breast jump scrub your bands and male with a power with and mail bash for a full minute. Wash the breast and mapple with a claim loth and soap and water being careful to ruse of all the scap. Dry your hands on a ciem towel. Obviously, cleanliness is all important.

If you are some to give the milk to the boby it once have ready a sterilized sliss to express it into replies you in a breast pump that has a glass cup)—also a sterilized bottle and nipple. You may need a sterilized funnel also to use in pouring the milk into the bottle.

It the milk is to be given to the baby later bring it to a boil and keep it on ice in a sterilized bottle covered with a sterilized bottle cap

hand expression

The doctor or the nurse will show you how to empty the breasts by hand. One way to do it is this:

Place the balls of the thumb and forcfinger on opposite sides of the breast, about one-and-a-half inches from the nipple, usually at the edge of the dark-colored part. Press deeply and firmly into the breast until the resistance of the ribs is felt. Then bring your thumb and fingers tightly together well behind the base of the nipple. When your fingers and thumb are pressed deeply into the breast, keep them there and repeat the "together" motion 60 to 100 times per minute. You will find you can do it quite fast after you have had some practice. Your fingers should not slip forward on the breast or the skin may be utritated. It is not necessary to touch the nipple.

expression by breast pump

A breast pump is a convenience to a mother who must empty her breasts often. The simplest kind of pump consists of a glass cup and a rubber bulb. These pumps can be bought in most drug stores and are an inexpensive investment.

Before you use the breast pump wish it with soap and witer and sterilize by boiling five inmutes. When washing the rubber bulb take care to clear all the grooves in the part that joins the glass.

A GOOD START AT BREAST FEEDING

A baby is not usually fed until he is 12 hours or so old. His mother's milk doesn't come in until the third to fifth day, but in the meantime he will be put to the breast to get practice in sucking. He will be getting a little colostrum—the thick, vellowish fluid which nourishes the baby until the milk comes in. Sucking the colostrum stimulates the making of milk and increases the flow.

Although a baby is born knowing how to suck, and how to turn his head from side to side in search of tood, he needs some help it getting started. When he is laid close beside you with his cheek against your breast he will move his head back and forth, searching for the nipple. You can help him by holding the breast so that he can easily get the nipple into his mouth. Hold your breast away from his nose, so he can breathe easily. To press both his cheeks to get him to open his mouth would be a mistake, because when his cheek is touched he turns in that direction in an effort to find the nipple. You can see how confused he would be by pressure on both cheeks.

He may be too sleepy to suck more than a little bit the first few times

he nurses. Don't try to keep him awake by tapping his feet, or making any other efforts to keep him going. Just wait until he stirs and tries again. He won't get very much milk the first few days your milk is coming in. But don't be bothered by this; his stomach can't hold much. not more than an ounce or two at first, anyway.

At one time it was the custom to give a baby bottle feedings before his mother's milk came in. But if a baby has been getting a milk mixture he may not be hungry enough to try very hard to nurse when he is put to the breast. As the baby's strong sucking helps to encourage his mother's milk supply, it is usual now not to give him anything but water before his mother's milk comes. Then he is hungry enough to make a vigorous effort to suck.

Frequent, strong nursing seems to help more than anything else to produce a good supply of milk. Letting a baby nurse as often as he seems hungry keeps emptying the breasts, and this, too, encourages milk to form. So, unless your baby is very small or weak, your doctor will probably prefer not to have him fed anything but water until you begin to have milk for him.

However, a few babies do not get quite enough milk to satisfy them during the days when their mother's milk is first coming in. In such cases the doctor may want the baby to have a bottle feeding after he has emptied the breasts. But starting this may mean the baby will find it so much easier to get his food this way that he doesn't try as hard to nurse. How much a baby gets at the breast depends largely on how strongly and persistently he sucks, so you don't want him to get lazy and depend on the bottle.

You can help by eating as your doctor recommends, and by getting plenty of rest. The times when you muse your baby should be periods of real relaxation. They can be if you lie down, propped up with pillows, or sit in an easy chair that gives good support to your back and arms. Then you can enjoy getting acquainted with your baby. The more you feel at ease about him, the more your body will cooperate in producing food for him.

At first the baby may need to nurse at only one breast, but if you do not have much milk right away, let him nurse at both breasts if he wants to. The first breast should be empty before he starts on the other. (A breast is "empty" when you can squeeze out only a few drops of milk at a time.) It is important to empty one breast each time, as more milk is secreted when this is done. If he nurses at both breasts, start on the breast he nursed on last when you feed him next, so that it will surely be emptied this time.

Some babies nurse much faster than others, and get all they want for a meal in 10 or 15 minutes. Others nurse slower and longer, taking as much as half or three-quarters of an hour at the breast Babies nurse longer at some feedings than others. When counting the time between nursings, start with the time you began the last feeding.

If the baby empties both breasts and wants to keep on sucking, let him Hurrying a baby away from your breast may be depriving him of something that he finds very good and comforting

Once or twice, while the baby is nuising you may want to stop and give him a chance to get up any swallowed air. Hold him up so that his stomach is against your shoulder, and gently pat his back to help him get the air up. Don't try to burp him often though or he will feel uritated at being taken from the breast. Wair until he slows down, after his fir t frantic sucking period. Some babies need to get rid of air only when they are through nursing.

Babics often spill up a little when patted this way but they won't really lose much food and it's nothing to worry about

A baby who nurses vigorously and who shows by his contentment that he is getting enough to cat needn't be weighed more often than once in two or three weeks. Only when your doctor has some question about whether the baby is getting enough to cat will be want you to weigh him at more frequent intervals.

giving an occasional bottle

When your baby is about six weeks or two months old and has now developed a fairly regular feeding schedule you may want to give him a bottle in place of one breast feeding once in a while. This will make it possible for you to be away from home occasionally for longer per iods than just between nursings. You will not wint to give more than one bottle a day for fear your supply of breast milk might suffer. But it you give only one a day or every few days your breast milk will accommodate to the change.

Even if you do not want to be away from home you may still want to give a bottle now and then so your biby will get used to the taste of cow's milk. It he already likes it when you begin to wean him wean ing may be easier.

Not all babies will take a bottle in place of the becast, so this plan may not work. A baby will be more likely to accept an occasional bottle if you start by two months than if you wait until later. The more used he gets to sucking at the breast, the less he usually likes getting milk through a rubber nipple. (For Preparing a Single Feeding, see p. 44.)



FEEDING YOUR BABY BY BOTTLE

When you hold your baby to give him a bottle, you can give him the same feeling of comfort and happiness that he would have if nursing at the breast. It may be that you can, from the very start, give him the sense of well-being that comes from a close association with you. If you have your newborn baby in your room at the hospital, you can be the one to hold him while you offer him water from a bottle during the first day or so, before he needs food. Although he is born knowing how to suck, he will do better when he has a little practice.

Once you are at home, you can be relaxed and enjoy teeding him only if you don't teel hurried, so try not to let any interruptions interfere while he takes his bottle. When you take the baby's bottle out of the refrigerator to feed him, stand it in a small deep saucepan with three or four inches of warm water in it. Heat the water quickly—it is not necessary for the water to boil. Shake the bottle several times while it is warming to make sure that the milk is warmed through. When the bottle feels warm, test the temperature of the milk by letting a few drops of milk trickle from the nipple onto the inner side of your wrist. It should feel warm but not hot.

Be careful during the warming and testing of the milk not to touch any part of the nipple which will go into the baby's mouth.

Pick out a comfortable place to sit. A chair with arms will give support to the arm on which you hold the baby. Always keep the bottle tipped up so that the nipple is full of milk while the baby is nursing. Otherwise he may suck air instead of milk into his stomach.

A very young baby may suck only a few moments before dozing off to sleep again. If he is really hungry, he will begin to suck again in a minute or two. You can use the times when he stops sucking to lift him and pat his back to help any air he may have swallowed come up. This may wake him up enough so that he goes back to sucking when you offer him the bottle again.

It will take longer to feed a young baby who needs these little rest periods than an older one who has had more practice in sucking. A young baby who is strong and vigorous will probably not tire of sucking as soon as a less husky one. And while a baby is very hungry he will suck much faster than he will later when he is almost satisfied.

How long a baby nurses depends partly on how tast he gets his food. Nipple holes should not be so large that a baby gets his fill in less than about 15 minutes. Usually he will take about 20 minutes. If your baby does not get enough to satisfy him in 20 minutes, the nipple holes probably need to be made a little larger. (For directions, see p. 41.) Sometimes unscrewing the bottle cap slightly to let in a little air will make the milk flow more easily. A young baby usually needs larger nipple holes than an older and stronger baby. When nipples get old and flabby, they may collapse so the baby can't get any milk.

Watch the bottle to see if the baby is really getting the milk. Occasionally, a nipple gets clogged so the milk can't come, and you need to substitute a fresh nipple. If bubbles are coming up in the bottle you will know the nipple holes are letting the milk through.

Because the new baby's stomach is very small, he may not take more than an ounce or two at first. But he will very soon be able to take larger amounts. This is provided for by the information on page 39-40.

The baby knows how much he needs, so if he turns away from the pip-

ple, falls sound asleep, or lets the milk run out of his mouth, you can be sure he has had enough for the time being. You may be tempted to try to get him to finish what's in the bottle. But he knows better than you do how much he wants, so don't urge him.

Because he takes so little at a time, and has no set pattern for eating and sleeping, a very young baby's times for eating will be very irregular at first. Some babies settle down quite soon to a three- or four-hour schedule for feeding, but others need food oftener for quite a while. Your doctor will help you to decide whether to try to set up a feeding schedule from the start, or whether to let the baby help to set up his own.

It is easier for a mother who breast feeds her baby to let the baby help to regulate his feeding times than for one who bottle feeds. A baby may sometimes seem hungry as often as every two hours at first, and again, sometimes sleep as long as four hours between nursings.

It is not safe to reheat formula that is left over. Fortunately, the period when a mother must provide enough bottles to take care of her baby's hunger irregularities doesn't last very long.

Your baby will not take the same amount of food each time he nurses. You may find you need several three-and-a-half-ounce bottles and several of two-and-a-half ounces. Your baby's contentment is a better measure of how he is getting along than the number of ounces he takes a day.

A good many babies begin to give up a late evening or middle of the night feeding by the time they are six weeks, but yours may not be one of these. When his tood needs are met during the day and evening, he will show that he is getting ready to give up the night feeding by waking later in the night than before. (See Sleep, p. 70.) Sometimes he will make up for the night feeding by taking an extra daytime feeding, or having some feedings come closer together.

If he seems to want to eat at very frequent intervals you may have to watch out for overfeeding. Spitting up, or even vomiting, may be a sign of overfeeding. It may cause fretfulness, crying, and discomfort. It may even turn eating into an unpleasant experience for the baby, and so indicate the start of a feeding problem. It never pays to urge or force a baby to take more than he wants.

It is only fair to say, however, that spitting up is not necessarily a sign that anything is wrong. A good many babies seem rather frequently to spill over a little milk. As long as the amounts are not large, and the baby doesn't seem uncomfortable, spitting up is not considered vomiting. A baby who often spits up is better off sleeping on his stomach, so that he can get rid of the milk more easily.

Even after you reach a fairly regular feeding schedule, you will find it

has to be changed as the baby's needs change. A baby who is not having his food needs satisfied may begin waking up before his usual feeding times. This may mean that he needs a larger amount of the same formula you are using. Or if he can't take a larger quantity, he may need a formula with less water in it.

If your baby wakes and cries before you expect him to be hungry, it can mean that while the formula is right for him and he seemed satisfied at the time he has been swallowing so much all while cating that he doesn't get enough food. Such a biby needs to be given a chance during each nuising to get rid of the air he swillows. Sometimes it takes a good deal of patting and waiting before air bubbles come up.

Even a very young baby yer raiely needs food oftener than at two hour intervals. Letting a baby help you work into a regular routine for feeding doesn't mean sticking a bottle in his mouth every time he cares. It means using common sense in judging what other possible reasons besides hunger there may be for his crying fus ing or being wakeful.

WHY NOT TO PROP IP THE ROTTLE

There may I times after your baby has become an old hard at taking his bottle when you will be tempted to lay him down to eat with the bottle propped up beside him.

He may be able to get he food this way but he will not find the experience as satisfying as when you hold him

When you hold your baby while he cats won are giving him companionship as well as food. It you keep thinking of the things you could be doing while you're holding him he wor't enjoy hume at as much as when you'st back and take it easy. You need this rest region.

Once he is able to hold his bottle himself and file to there's no reason way he shouldn't cut alone sometimes. But those times had better not be when he's going to sleep after and falling isleep with his bottle may make him depend on it in connection with sleeping.

If he seems to wint to go on sucking after the bottle is empty you will want to make sure that he is not still hungry, or that the milk didn't come so fast that his desire for sucking was left unsatisfied.

COW'S MILK FEEDING

When breast milk is not given cow's milk is usually substituted for it. To be suitable for infant feeding cow's milk should meet certain requirements

1. It should be of good quality, that is, it should come from healthy, well-fed cows.

2. It should be clean and free from harmful germs. This means that it must be carefully handled from the time it leaves the cow until it is used and also that it must be boiled or pasteurized before it is used "What Every Person Should Know About Milk," is a pamphlet published by the Public Health Scivice, U. S. Department of Health, Education and Welfare, Washington 25, D. C. available on request

Ways of making cow's milk more easily digestible for babies are boiling, diluting with water evaporating homogenizing, and diving or powdering. Milk from certain breeds of cows such as lersely or Guernsely contains too much fat for very young babies unless it is partly skimmed or diluted with water.

MILKS USED FOR FEEDING RARIES

PASTEU RIZED WILK. It is too had that such an excellent food as milk is also a good food for certain types of discuse organisms. When milk is warm, I retering now very rapidly near. Fresh milk should always be pasterfized or horled before it is used. Pasteurization means the heating of milk in a special way to destroy or make harmless all the organisms in it that cause disease.

Pasteurized culk will som in that other milk does, it carelessly handled it does not continue to be sale. Only strict cleanliness and proper refrired attorn keep milk safe after it is pasteurized. People often wonder it pasteurization affects the food value of milk. The answer is Not' Not one of the main food substances in oalk is affected to any important extent by pasteurization. Milk should not be left in glass bottles in the sun as a good deal of the vitamin B or viboflavia in it will be destroyed by light. Pasteurized milk is a little more digestible than raw milk but even pasteurized milk forms in the stomach into large tough curds which are hard for young babies to dig st. So many physicians have pasteurized rull boiled before it is given to babie.

Several grades of failk are sold but the tandards for a given grade ite not the same everywhere Ask your health department if the Grade A pisteurized milk sold in your community is safe and suitable for feeding your baby

HOMOGENIZED MILK. This is a form of milk in which the fat particles are very finely divided. The cream does not rise but remainevenly distributed throughout. Homogenized milk is always pasteurized

It is easily digested because the curds formed from such milk are softer and finer than the curds formed from such which has been pasteurzed only

EVAPORATED MILK. The variety of milk kno - evaporated is

milk from which a little more than half of the water has been removed. It is homogenized and is sterile. All brands of evaporated milk now sold in the United States must meet Government standards. Most evaporated milk now has vitamin D added.

Evaporated milk forms soft fine cutds in the stomach, something like those of breast milk Children who are sensitive to fresh cow's milk may be able to take evaporated milk. It is less expensive than pasteurized milk and in unopened cans it keeps for months without refrigeration. Therefore, it is an especially practical form of milk to use where you cannot get safe fresh milk when the baby must travel, or in homes without refrigerators.

Evaporated milk comes in cans of two different sizes the tall can which holds 13 ounces and the small can of five and a third ounces. Thirteen ounces of evaporated milk makes approximately 28 ounces of whole milk (A quart is 32 ounces)

Evaporated milk can be left in the can after opening provided it is kept clean and cold. It keeps better when the holes punched in the can are small. But a can that has been opened more than two days, or has been kept where it is not cold for as much as a day after opening should not be used for a baby.

Sweetened condensed milk is not the same as evaporated milk. Be cause it contains a lot of sugar at should not be used as a food for babies unless your doctor advises it to a short period.

DRIED WHOLE MILK. Powdered milk is made by removing practically all the water from fluid milk no sugar is added. Such milk is sold mostly through drug stores. Dried whole milk in unopened time cansfree of air, will keep prinv months without refrigeration. In air it takes up moisture and becomes rancid. After a times opened, take care to keep it clean, dry, cold and tightly covered. Use only clean, dry spoons to dip it out.

Mixed with water according to the directions on the label dired whole milk may be used in the same way as fresh milk in preparing the baby's formula. To mix the milk poyder with water use an egg beate. Or, shake the powder and water in a jar with a tightly fitting lid.

Dry skim milk is not used for infant feeding unless the doctor prescribes it in a particular instance

VITAMIN D MILK. Whether this is tresh evaporated or powdered, it has had its vitamin D value increased. Vitamin D is availly added in the amount of 400 international units per quart of fresh milk, or of dried milk after sufficient water has been added to make a quart.

SPECIAL FORMS OF MILK FOR BABIES. Many different kinds

of special milk for babies are on the market. Use these only under your doctor's direction. These types are chiefly in powdered or evaporated form and are sold under trade names. They have usually been modified in one or more of a variety of ways. Some have sugar, vitamins or minerals added; in others fat or protein is changed or reduced. The purpose of these changes is usually to make them more easily digestible, more nutritious, or more like breast milk. They are more expensive and, for most babies, completely unnecessary.

GOAT'S MILK. A few babies who are sensitive to cow's milk can take milk from a goat. Goat's milk is very similar in food value to cow's milk. Like cow's milk, it should be of good quality and be clean and free from harmful germs, and should be boiled or pasteurized before it is used. It can also be bought in evaporated form.

WATER. Though babies need a good deal of water in proportion to their size, they will get most of what they need in their food. It is a good idea, however, to offer boiled water between feedings, but your baby may refuse it or take only a little.

The baby's need for water will be greater in hot weather, especially if the air is dry. The air in a house sometimes gets very dry and hot in the winter, too, in which case the intake of water will increase.

No matter where you live, it is safer to boil the drinking water for a young baby.

WHAT FORM OF SUGAR TO USE. Your doctor will tell you the kind and amount of sugar to use in your baby's formula.

The sugars commonly used are corn syrup and granulated (table) sugar. Either one suits most babies. They cost less than special sugars for babies. Again, these are unnecessary unless prescribed by the doctor.

It you use syrup, pick dark corn syrup because it contains more iron than the lighter variety. Syrup may mold unless it is kept clean, covered and cool in the refrigerator.

A MILK MIXTURE FOR BABIES. Most babies thrive on very simple formulas. Formulas are usually mixtures of cow's milk, water and sugar. As a baby grows older, water and sugar are gradually cut down until he is taking milk alone.

Your doctor will tell you how to make your baby's formula and how to change it from time to time. However, if you are unable to get in touch with your doctor, a formula that suits most young babies is:

EVAPORATED MILK, 4 OUNCES WATER, 8 OUNCES SUGAR, 1 TABLESPOON (LEVEL)

WHOLE MILK, 8 OUNCES
WATER, 4 OUNCES
SUGAR, 1 TABIFFPOON (LEVEL)

.

This mixture may be divided into six bottles of about two ounces each or eight bottles of about one-and-a-half ounces. This amount usually satisfies a newborn baby from about the second or third day to the end of the first week.

As soon as your baby is no longer satisfied with this amount of feeding, double the amounts in the original formula. Later, when the baby wants it, use three times the amount of each item in the formula.

Most babies do well if they are given as much of this milk mixture as they wish when they are hungry, which will usually be about every three to four hours. After your baby is two weeks old he needs, in each 24 hours, from two to three ounces of this milk mixture for each pound that he weighs. If in 24 hours your baby usually takes less than two ounces of this formula for each pound that he weighs, tell your doctor about that.

A formula which has less water in it may be quite satisfactory for your baby, particularly when he is two or three months old. Gradually cut down the amount of water until he is taking whole milk or until he is taking equal parts of evaporated milk and water.

When your baby is taking other foods, it is time to stop adding sugar to the milk. If sugar is cut down slowly, your baby will probably not miss it—particularly after the first two or three times.

MAKING THE FORMULA

In general, there are two simple ways of making a formula safe for a baby. (See pages 42-43.)

The first way is to mix the formula, pour it, unboiled, into bottles that have been washed but not sterilized, put on the nipples, and last, sterilize the filled bottles.

The second method is to sterilize the equipment, boil the formula, and then pour the boiled milk into the sterilized bottles.

Either way is all right. If you like, you can try both ways and see which seems simpler to you.

FEEDING EQUIPMENT

Nursing bottles. The standard-sized nursing bottle holds eight ounces. Lines are marked to indicate each ounce, so there need be no guesswork when you pour in the formula.

Bottles of heat-resistant glass or of boilable plastic cost more, but you will probably save in the long run by getting them. But bottles that are easy to clean with a bottle brush. The neck of the bottles, as well as the bottom, should slope into the sides so there are no sharp, hard-to-clean corners. This makes the job go faster, too.

Buy as many bottles as you will need in a 24-hour period. A dozen will not be too many, and a few more will come in handy in case you break any. In addition to the number of bottles you use for feedings, you will need two or three for water and orange juice. They can be four-ounce bottles.

Bottles are easier to clean if you rinse them after each feeding and fill them with cold water.

Nipples. If you can, buy enough nipples so that you will not have to boil them but once a day. This will mean having one for each feeding and one for each drink of water or orange juice.

You may have to make the holes in the nipples larger. Try out the nipples by putting one on a bottle with water in it and turn it upside down. Watch to see if there is a steady drip. Remember that water will come through faster than milk because it is thinner.

If the holes seem too small, heat the point of a fine needle in the flame of a match. While the point is red hot, poke it quickly through one or more holes in the nipple. Be sure to use a small needle as it is easy to ruin a nipple by burning holes that are too large.

After each teeding wash the nipple and squeeze water through the holes. Dry it and keep it in a covered jar until you are ready to sterilize the day's supply.

Nipple covers. Nipple caps or covers are made of glass, plastic, aluminum, or paper. Paper caps are the cheapest, but since they can be used only once, they may not be the most economical in the long run.

FORMULA-MAKING EQUIPMENT

It is convenient to have a set of utensils that you use only in preparing your baby's food. In any case, keeping utensils together will make the sterilizing and formula preparation go more speedily.

Kettle for sterilizing. If you are going to bottle-feed a baby for a long time, it may pay you to buy a kettle specially made for this purpose. Such a kettle has a tight-fitting cover and a rack inside to hold the bottles in place and prevent breakage.

If you do not want to go to this expense, any kettle or oil can large enough to hold the bottles and other equipment will do. If you have a large enough pressure cooker, you can use it as a kettle.

In addition to the kettle you will need:

A wire rack, or a pie tin (upside down) that fits the bottom of the kettle, for holding the bottles.

A bottle brush with a long handle and with stout bristles to scrub the inside of the bottles. The brush should be the type dut is bent at the tip

so that the bristles will clean the bottom of the bottle and not just the sides.

A set of measuring spoons.

A measuring cup, marked in ounces, with a pouring lip.

A two-quart saucepan with a pouring lip to mix the formula in.

A small saucepan with a lid, in which to boil and keep the nipples. (If you use Method II.)

A funnel makes it easier to pour the formula into the bottles, but if your saucepan has a lip that pours well you may be able to get along without one. If you get a plastic funnel, make sure it is the kind which can be boiled without damaging it.

A long-handled spoon.

A can opener that punches holes (if you use canned milk).

A small wide-mouthed jar with a cover, for used nipples.

Bottles to hold a 24-hour supply of formula '

Nipples and nipple caps.

A pair of tongs is convenient

METHOD I (Terminal Sterilization)

- 1. Wash thoroughly with hot water and detergent all the articles you will use. With the bottle brush scrub the inside of the bottles and nipple covers and the inside and outside of the nipples.
- 2. Rinse all articles welf. Drain. Squeeze clean water through nipple holes to make sure that they're not clogged.
- 3. Measure the milk, water, and sugar or syrup into the large saucepan. If you use granulated sugar, level off measuring spoon with back of table knife. If you use syrup, pour from the bottle into the measuring spoon. If the milk you use is not homogenized, shake the bottle well to mix the cream before measuring. If you use evaporated milk, wash the top of the can with soap and water and rinse it off well before opening.
- 4. Divide the milk mixture among the number of bottles the baby is likely to need in 24 hours.
- 5. Put nipples and nipple covers on the bottles. Do not push or screw nipple covers down tight, because during sterilization the bot air may blow the caps off.
- 6. Put the bottles of formula on the rack in the kettel. Put one or two bottles of drinking water, covered with nipple and cap, in at the same time. Pour water into the kettle until it comes about half way up on the bottle. Cover the kettle.
- 7. Bring the water in the kettle to a boil. Boil actively for 25 minates by the clock. As soon as the bottles cool enough to handle, take them out of the kettle. Tighten nipple caps.

8. After the bottles cool, put them in your refrigerator at once In an ice refrigerator, place the bottles near the ice A rack to hold the bottles upright is very convenient

If you have no refrigerator leave bottles in rightly covered kettle. Take out one bottle at a time as used being sure to replace the cover. (For heating bottle before feeding baby, see p. 34.)

METHOD II (Standard-Clean Technique) sterilizing the equipment

You may like to sterilize ahead of the time when you make the formula. Then the things in the sterilizing kettle will have a chance to cool down before you need to handle them in making the formula.

- 1. Wash the bettles nipple covers funnel and nipples thoroughly in hot water with a determent. With the bottle brush saub the inside of the nursing bottles and nipple covers and go over the in ide and outside of the nipples thoroughly.
- 2. Rmse all these uticles well Squeeze clear water through the nipple heles
- 3. If your sterrlizing kettle has a rack to hold the bottles set each bottle in it upside down hat the other articles between the bottles. If your kettle has no rack have the bottles on their sides in the kettle, with the other equipment on top
- 1. It your kettle has a rack in I a tight fitting cover peur in one or two inches of water and put on the cover. When the water boils actively, steam will form and will sterilize the equipment. Keep the vater boiling for at least five minutes by the clock. If your kettle doesn't have a tight fitting lid put in enough water to completely cover the bottles and all the other things to be sterilized. Boil for at least five minutes after the water has come to a boil.
- 5. If you put enough water in the kettle to cover the bottles and other articles they will cool quicker if you drain off some of the vater. Leave the things in the covered kettle until you are ready to use them.
- 6. Drop the nipples into boiling water in a small pan cover and let boil for five minutes. Then pour the water off let the team escape and



Icave the nipples in the covered pan until you are ready to use them.

Remember that boiling nipples too long, or letting them stand in water for any length of time wears them out very quickly

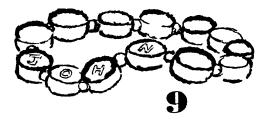
sterilizing the formula

- 1. Measure the milk, water and sugar or syrup into the large saucepan. To make up for water lost during boiling you can put in an ounce or so more water than your formula calls for. If you use granulated sugar level off measuring spoon with back of tible knife. If you use syrup pour from the bottle into the measuring spoon. If the milk you use is not homogenized shake the bottle well to mix the cream before measuring. If you use evaporated milk wash the top of the can with soap and water and rimse it off well before opening it.
- 2. Bring the mixture to a bod and keep boiling (bubbling) pen ly for five minutes by the clock. Stir constantly with a large staring spoon
- 33. Take the milk mixture of the stove and let tool for a few nonutes. Storing it will make a cool faster. It you use from himlk storing will keep seum from forming.
- 1. Take the nursing bottles out of the terrizer without to iching the tops using tongs it you have them. It you is a funnel take it out of the sterilizer without teaching its i means to it and set it in one of the bottles.
- 5. Divide the milk misture in north number of bottles the bally is likely to need in 24 hours
- **6.** Put sterile subher ripple of the bettles without (eucling the rim of the bottle of the mipple except by (f) the project of Cover the mipples at once with sterile napple capabering of ripple caps. (Follow the direction that come with what ever kind of ripple and bottle volume ()
- 7. Put the bottles in the refinerator of one. In an ice refinerator place the bottles near the ice of a heating bottle before feeding body, see p. 31.)

preparing a single feeding

You may want to prepare single teedings because you want to be away from home at the time your haby would be mirsed or because you don't have quite enough breast milk.

Ask your doctor to give you the directions for ence if the If you do not have a doctor to help you make as much formula as you think your baby will take using the proportion given on p. 39. Follow the directions for Method I (p. 42) or Method II (p. 43).



FOODS OTHER THAN MILK

When your baby is about two weeks of Ex an doctor will probably want you to begin giving him two 'protective loods—both as reinforcement for the nulk diet and is a supplement to the nutrients in that diet

COD-LIVER OIL AND ORANGE JUICE

The eprotective foods are often spoken of as cod liver oil and orange pince though other fish liver oils and fruit juices are used in many cases Straight cod liver oil is less often given I ables now than it used to be as concentrated prepar tions of virtuin D are simpler to give and a nally cost somewhat less.

Liver oils of certain fish supply vitain n D. Sammer, unlight makes vitain n D in a person's skin. Since it is not possible in most places for babies to get enough sunlight we must give them. Sal-stitute for it

When a baby takes vitumin D at aclps his body to make use of the edicium he is getting in his mill. Without the vitamin D this edicium neces are to build strong bones and teeth might not be absorbed. Without enough calcium the bane stall to grow normally and the disease called rickets results. (See Rickets p. 133.) A child keeps right on need ingother special protection as long as he as growing. (May see Sun Baths p. 88.)

Your doctor may prescribe drops that contain I in vitamin D and

vitamin C in highly concentrated form. Fither way of giving the protective foods, separately or together, is all right.

Your doctor will tell you which form of vitamin D to use and when to start giving it. He will probably pick one that is rich in both vitamin A and vitamin D. (For Vitamin D. Milk see p. 38.) Most babies get other essential vitamins from their food.

If you give the vitamin D preparation at the same time each day it will be easier to remember

Only preparations of vitanian D. Le not dissolve in milk or water, and so should be given by include dispiper of spoon. Some of the newer preparations of vitanian D. em. be given in milk. Your doctor will tell you if the preparation he with a vou to use will mix with milk.

It is in portant to give no more the concentrated form of vitamin D than your doctor advises. What vitations he valuable and necessary for health a large overdose ray be dimerous at given day after day.

giving vitamin D drops

When a boly severy you at as not be seer to feed him his vitumin D preparation with a medicine dropper than with a spoon. The redicine dropper should be not kid so that you can be sure hew many drops you are actually giving. Let the deep that gently not the corner of the baby's mouth and close holipout their values. The eare not to square the dreps for back into his mouth, each or all markethin hoke.

A the baby lets with the object tecomes case to live him the drops from a spoon using a small poor last.

Whether you use a displicit of poor hold the bibs in a partly sitting position so trut the preparation will not go down the variations as

fruit juice

Another protective lood every below reduced from partic. Your doctor will probably what you to start as a tarfaw days after you have begun to give the leaby virtual D. Or an appearant and form to are the most commonly used particle they apply large amount a virtuanian C. Orange particles the most common has a

Do not boild her the price a leat de poss vitamin C

Start by giving one tersphon of strained funce daily mixed with a little cooled bound water. Crabially 11.1 is the anomal of justice until your baby is geteing four tablespoons to bit ited or two ounces. I day when he is two months old. By the time he is eight os 10 months he should take three ounces (or six tablespoons). While you give the junce by bottle you will need a very fine strainer for it so that bits of orange in the junce will

not clog the holes in the nipples Check frequently to see that it doesn't,

You can use fresh frozen, or other canned juice. If you use the frozen juice, dilute it with boiled cooled water as the directions say. Use canned grapefruit juice, or grapefruit and orange juice combined if they are less expensive. They are also very convenient

If you use tomato juice, you will need to give about three times as much as you would of fresh orange juice. A young haby cannot take such a large quantity of juice in addition to his milk, so tomato juice is not often given until a baby is five or six months. Home cauncal strained tomatoes or tomato juice can be used if they are cannot properly. (You can get canning directions from the United States Department of Agriculture at Washington, D. C. or your state college of agriculture)

Once you have squeezed or inges or opened a can of juice keep what is left over covered and in a cold place. This helps to prevent the loss of the all important vitamin.

It you live where you can get their you can us the purce of fresh guavas mangoes papawas and some other tropical fruits. These are even richer in vitamin C than the citius fruits.

Canned pineapple apple and prune juice have too little vitamin C to be used as protective foods for habies. So called 'orange drinks' or "dairy orange beveriges' should not be used for habies as they usually contain little or to orange pinea.

If the first fruit juice you use seems to disigree with your baby or cau es his skin to break out try ano her. If the trouble continues talk to your doctor. If he decides that the truit juice is to blame, he will probably suggest a substitute for it.

ascorbic acid

While babies are too young to tike much orange juice some doctors begin giving vitamin (ii tablet or liquid form. They usually give it in addition to orange time only until babies are able to take at least two ounces a day. It is a good idea for babies to get used to the tiste of orange juice and other fruit juices, just as we like to have them learn to enjoy a variety of other foods.

Doctors also give ascorbic acid in this form to babies who are allergic to orange juice and other first juices that contain vitam in C

If your doctor advises you to give your baby vitamin C in tablet or liquid form, you can get it at a drug store. Your dictor will tell you how much he wants your baby to get each day

Crush the tablets and dissolve them in milk or water before giving them to the baby Give the daily dose all at one time

GIVING SOLID FOODS

Your doctor will decide when your baby needs solid foods in addition to milk. Some start giving these extra foods when a baby is only a few weeks old, others wait until babies are about three to four months old. By this time a baby needs more than milk.

As he gets older, a baby's digestive tract can take care of a growing variety of foods. By the time he is three to four months old, a baby usually shows by drooling that his salivary glands are active. He is using up more energy, too, and so needs additional foods.

One of your main aims when you give solid foods to your baby is to make the new experience enjoyable. It will be fun to see how surprised he is at the first taste of food from a spoon, and to watch him learning to get the food down. He'll enjoy the new experience more if you are having a good time, and are not feeling anxious.

Whether your doctor says to start with truit or cereal, go at it slowly. Hold the baby on your lap, with one arm supporting his back. Put only a tiny bit on the tip of a small spoon, and let him suck it off the end of the spoon. Don't be surprised it he seems to try to spit it out. All a baby knows how to do is to suck, and the sucking motion may push the food out sometimes. Even if the food is so soft and thin that it is almost liquid, it is not the same as the milk he is used to. He has to learn to push the food back with his torque and to swallow it. This is different from swallowing milk.

If at first the food comes out instead of going down, swab it off his chin and start over. Never mind it he doesn't get even a teaspoontid the first few days. To get him used to taking food this way is the important thing. Milk is still his main tood.

Above all, don't make a struggle out of the new way of food-taking. One reason some doctors he-state to begin solid foods until a baby is several months old is that until the baby's mouth and throct are ready for him to get down foods thicker than milk, his mother may be disturbed if she finds feeding him solids doesn't go well

He may not seem eage: for the food at first, mostly because it is a new taste and feeling So, pick out a time when he is not so hungry that he is too impatient to try getting food the new way. When he has had part of his milk, it may be a good time to start. After a few minutes' trial of the new food, give him your breast or the borde again so he won't get impatient. That might make him less willing to try the new food the next time. However, many babies want all their milk first.

As soon as the baby learns to swallow the new food you can gradu-

ally add a teaspoonful or two a day. Little by little, as he gets to taking it well, make it thicker.

if you begin with cereals

The labels on packages of quick-cooking cereals will tell you how long to cook them. Cereals that have not been partly cooked at the factory need somewhat longer cooking.

You can thin a little of the same cercal you cook for the family with boiled water or part of the baby's milk mixture till it will run off the end of a spood. It's better not to add any sugar.

It is best to begin with finely divided cereals, as any of those specially prepared for babies are. In order to provide essential minerals and vitamins, enriched tefined cereals or, after the first few weeks, whole-grained cereals like rolled oats, should be used

Giving the baby some of the family exceed now and then helps him to get used to a food he will eat long after his nabyhood is over.

The daily cost of the ready-prepared baby cereals that need no cooking is little more than that of regular cereals and they save you time and bother. They need no straining, only mixing with a little of the baby's formula or with warm boiled water.

Some babies like one type of cereal, some another. It is a good idea to change once in a white so that your baby won't get fired of one kind.

Begin with a teaspoonful of cereal once a day. As soon as he takes it well, add a teaspoonful or so a day. By the time he is six or seven months old he may want from two to five tablespoons, either once of twice a day. You can give him potato occasionally in place of ectual. Bake, boil, or pressure-cook the potatoes before you peel them, so as to keep all the food value you can. Mash the potato and moisten it with a little boiled milk. Or use the conveniently prepared variety.

if you begin with fruits

Some doctors give fruit as a first solid food, as some babies seem to take to fruits better than to cereals at first. It matters little which you start with; the important thing is for your baby to like his food.

You can either stew fresh or dried fruit, use what you have canned, or buy the prepared varieties.

If you cook the fruit yourself, put in very little sugar. Fruits like apples, peaches, and apricots are naturally quite sweet, and prunes seldom need any added sugar. Any fruit you stew must be put through a food mill or sieve for a baby. The sieved truits put up especially for babies are convenient, and easily provide variety.

Begin either with strained apple-auce or with well mashed ripe bananas Both have mild tastes

Bananas are one of the few fruits a baby can eat raw. They are a good source of several vitamins. Use only very ripe ones, mashed fine. They should be so thoroughly ripe that the skin is quite dark. Until they look that way the pulp is hard for a baby to digest.

Start with a teaspoonful of fruit and add to the amount a teaspoonful or so a day if the baby likes it until he is getting three or four tablespoon fuls. While the baby is either only a teaspoonful or two a day it will be a saving to strain for him a little of the same cooked fruit the family eats. Then if you like you can shift to the small containers of prepared fruit when he is eiting enough so that a jai or can lasts only two or three days. Opened containers may be safely used this long if covered and kept in a cold place. It is safer to leave the food in the can than to put it in another container.

Some babies like the same fruit day after day eithers enjoy a change quite often. It is a good idea to get your baby used to different tasting foods. Once he gets started let him try several kinds of fruit

giving vegetables

Your doctor will probably want you to start avail, your baby seet tables sometimes between four and six months. Begin with them just as you did with fruits and cereals. Cive only a taste or a tea poonful the first few days, and gradually work up to two or three tablespoonfuls.

Babies usually like mild flavored vegetables. Use green beans personants and tomatoes or any others that can easily be put through a food mill. Dark green and deep vellow vegetables like chard broccoli spinach, sweet potatoes and some squashes contain e pecially large quantities of vitamins.

You can use either the strained vegetables put up for babies in small cans or jais or you can put through a strainer or food hall some of those that the rest of the family cats Sometimes maxtures of several vegetables are prepared commercially. Using them makes it simple to supply a baby with a variety but making a steady practice of giving such mixtures might end in a baby's not getting used to the taste of the separate vegetables which will be served him later.

Whether a commercial package lasts more than one day depends on your baby's appetite and age. If you have a cold place where you can keep the opened container tightly covered it is all right to use what is left a second day. I eftover vegetables spoil rapidly.

Before the end of the first year begin to change over to more coarsely

mashed or chopped vegetables. There is a wide selection of junior foods prepared especially for this transition period.

There is a good reason for being sure to change to mashed or chopped vegetables as soon as the baby shows he can take them well. A baby who keeps on with strained vegetables too long gets so used to them that it is sometimes a struggle to get him to take them in coarser form. Peas or carrots mashed with a fork are good ones to try out first, or green beans finely chopped with any strings removed. For an older baby, it is all right to add a little butter or fortified margaring for seasoning.

giving eggs, meat and fish

EGGS. Your doctor will probably suggest egg volk for your baby when he is from three to five months old. The white of the egg occasionally is not given until later, as babies are sometimes allergic to it.

The volk of egg is a valuable addition to the baby's diet, for it contains iron and vitamins, as well as protein. It is often given hard-cooked at first, as it seems less likely in that form to disagree with babies. Start with a very small amount (a quarter teaspoonful or less). If it agrees with your baly you can gradually add more until you are giving the whole volk. Commercial preparations of egg-volk powder can be used in place of fresh yolks.

Give the egg volk alone, or mixed with nulk, vegetables, or cereals, whichever was the baby likes it.

If egg volk seems to make your baby sick, stop giving any more until you can talk to your doctor

Toward the end of the baby's first year your doctor will probably want you to begin giving the white of egg dong with the yolk. Like meats and egg yolk, it contains body-building protein. It can be given soft-cooked, poached, or hard-cooked. Start with a small amount, as you did when beginning egg yolk. You can give your baby an egg every day, but at a different neal than when you give him meat or fish.

MENT. You do not have to wait notil your baby has reeth to give him meat. When it is ground up fine, as it is in the meat soups and meats put up as baby tood, or as you can fix it yourself, it doesn't need to be chewed.

If your haby is having an egg every day or so, and is taking lots of milk, he doesn't really have to have meat. Egg and milk supply his growth needs, but meat makes a pleasant change

The meats put up for babies, and also the meat soups, will save you more time and effort than any other prepared toods.

If you raise your own meat, or you cannot buy the prepared varieties,

you can fix it for the baby this way Sciape a piece of raw beef or liver with a knife. You will get off much of the soft, tender part, and the tough muscle and gristle will be left. (You can use this part in soup.) Make the scraped meat into a little patty, add a little salt, and cook it in a custard cup set in a pin of slowly boiling water until the color of the meat changes.

Begin with a teaspoon of the criped meat and add to it from day to day until the baby is getting about two tablespoons a day. It's all right for him to have both meat and cap every day.

As soon as a baby rets used to the new food he can have finely ground meat instead of scraped ment. If you have to cook meat especially for the baby grand at the last thing before you cook it as any ground ment spoils quickly.

Once a baby is used to cating ment you can grand up cooked hver chicken lamb or lean pork for him Be are to cut off the fat of any meat you fix for him be asserted a not yet ready for much fat. If you give him any pork see that it is vivy there ighly cooked.

Babics love crip bacon but a doe not be a much food value of just to tes good

FISH. Lowerd the indof the vent you can like fich might cell ment example on twice a week

Use mostly white fle hed find he color haldcek. Eish for a haby should be baked steared or bailed not find. With a fork pick it apart very curciulty to make sure there are no piess of home in what you serve him. You can also give sumed salmon or tima. Let drain off the fat

USING FOODS PRESERVED AT HOME

You can afely use home canned foods for variables if they have been processed according to directions from the United States Department of Agriculture or your own state a realitival cellege. If you live it in altitude of less than 2,000 feet you will probably can fruits and tomated in a water both. But if you live at a higher altitude you should be sure to can them in a pre-sure cooker equipped with a gauge that has been tested recently enough so you are sure it is reliable. Wherever you live canning in a pre-sure cooker is the only safe method for vegetables, except tomatoes, and for me use chicken and fish

Foods frozen at home are perfectly all right for the baby once they have been prepared for him in the same way that the corresponding fresh food would be prepared. That is frozen regetables should be cooked and strained or mashed. Frozen foods that have been allowed to thaw and then refrozen should not be given to the baby. There is always

a chance that they may have started to spoil while they were thawed **BREAD.** When a baby's first teeth have come in you can begin to give him bread dried in the oven. He can have it after meals, or for midmorning or afternoon lunches. If you buy toast or zwieback get the unsweetened kind. It costs less to dry bread for the baby yourself.

To get the best food value, buy bread made from whole grain or enriched white flour. Watch labels on white breads to be sure you are getting enriched bread to which minerals and vitamons lost in milling have been added. Cracked wheat and bran bread are not suitable for babies as they contain coarse particles of the wheat kernel.

A main reason for giving a baby dried bread is to let him exercise his jaws. So crackers, which soften up in his mouth, are not a substitute for dried bread. Dried fruits like prunes or apricots (with the stones removed) can be used to chew on as a substitute for bread.

DESSERTS. The cooked fruits you give your baby will usually serve as his dessert. During the latter part of his first year, for variety, he can occasionally have gelatine, rice or other milk pudding, or custard.

When your baby shifts to three main meals a day, he will need something in between to keep him from getting too hungry. This should be given regularly, and not close enough to his next feeding time to interfere with his appetite for that meal. Maybe you will still be giving him a breast or bottle feeding in the middle of the morning. Orange juice, or some other juice that contains vitamin C, may be a between-meal snack for some babies. Others, who have especially hearty appetites, may want a piece of dried bread in addition to the juice or milk.

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THINGS YOU MAY HAVE MISGIVINGS ABOUT

BOWEL MOVEMENTS

In the beginning a baby's bowels are ant to move often but at no definite time. Some babics have a movement nearly every time they are fed. Usually it takes a long while for the movements to become regular. But some babics by the end of the first year are having a bowel movement only once or twice a day, and at about the same time most day.

A newborn baby's bowel movements are dark green, thick and sticky, with little or no odor. They soon change in appearance as a baby begins to eat, and vary according to the method of feeding.

The bowel movements of a healthy breast-fed baby are bright orangeyellow, sometimes with a slight greenish tinge. They are soft, and may contain very small, soft curds. A bicast fed baby may have three or four movements a day. As he gets older, he usually has fewer.

The bowel movements of a bottle fed baby are more solid than those of a breast-fed baby. They vary from yellow to brown in color. A bottle-fed baby ordinarily has fewer movements than a breast fed baby.

When a baby begins to eat vegetables and other foods his movements look somewhat different and are likely to be more frequent

A baby can be perfectly well without having a daily bowel inovement. As long as his movements are soft a baby is not considered constructed. If breast fed babies go several days between movements but are comfortable and the movements are soft no enemial suppositories or other interference are needed. The baby will probably change to daily movements as he grows older lift the movements of a bottle fed baby become hard and dry and are hard to pass he as constituted. Then the doctor should be consulted.

Constitution is not a serious condition in habit. Breast fed habits are almost never constituted in lar bottle fed habits sconstitution can usually be dealt with by a slight change in his formula. Your doctor will tell you if he thinks a change is necessary. Never give my medicine to make a baby's bowels move unless your doctor advises it.

Loose green frequent movements are a sign that something is wrong Diarrher is often a synaptom of some seriou disease (see Diarrher p. 132), and your doctor should know about it it once. He will also want to know if there is any blood in your baby's bowel movement.

WHEN YOUR BABY CRIES*

One of the things you will surely wonder about is whether you should feed your bab every time he cries. All of the crying of a very young baby sounds alike so you can't tell at first whether his cry is a hunger cry, or from some other discomfort. Cradually, you will be able to make a good guess at what his crying means. A colicky cry comes after your baby's been fed you'll discove, a "hungiv cry when enough time has gone by so that it's reasonable to suppose his stomach may be empty.

Usually, crying that begins within an hour or so after a baby is fed shouldn't be taken as meaning he's hungry. It's more likely to mean that

all the air bubbles didn't get up after his last feeding, or that he's wet and uncomfortable. Or, maybe he just isn't sleepy. Babies can suffer from restlessness as well as grown-ups.

You can change him if he needs it, and pat him to help any air he swailowed come up. Don't be in a hurry to lay him down again, as a burp sometimes takes quite a while to come.

If when you put him in bed again he still doesn't quiet down, try holding him a while. Or, carry him with his head over your shoulder. Even quite young babies like companionship, and the warmth of being held against your chest.

Before very long you will know your baby well enough to judge after which feedings he will be likely to go to sleep, and when he may seem reluctant to. (Don't expect him to pay any attention to your schedule! For a while at least, he considers himself first.)

COLIC

When a baby has hard crying periods soon after being fed, he is spoken of as "colicky." It is common for babies to have colic during the first three or tour months, but much less usual after that.

By colic we mean cramps in the intestines, which cause the baby real discomfort or pain. A baby who has colic cries hard, and his cry is unmistakably one of pain. He draws his arms and legs up, his face gets red, and his abdomen may feel hard while he's having the contractions of muscle that make him scream.

These attacks come on just after eating, though not always after every feeding. Some babies have colic after late afternoon or evening feedings.

Mothers, of course, want to know what causes colic. (So do doctors!) So many different things are said to cause these cramps that it is hard to name them all. Some babies just seem to have the kind of intestinal tract that cramps easily. Sometimes swallowed air can cause colic or being cold, or tired, or too excited. If the mother is upset, or if the family is in an uproar, the baby may have a bad spell of colic. Ocassionally some foods cause these cramps. But the milk is not often at fault. Whatever a colicky baby gets to eat, he may still have his stomach ache until he is three or four months old so it is best not to wean him from the breast or change his formula without your doctor's advice.

When your baby appears to have colic, your first thought will be to try to make him more comfortable. He may be better able to get rid of the gas if you hold him up against your shoulder and pat his back. Or put him on his stomach, with a well-wrapped hot-water bottle under him. Moving him about and changing his position may hel; to make the air

come out. If the gas is most often in his bowels, your doctor may suggest a warm enema to relieve him. Giving him warm water to drink may help ease his discomfort somewhat.

These are only ways of lessening the pain. They do not get at what is causing it. So if your baby seems to be a colicky baby, and doesn't just have gas pains now and then, you will want your doctor to try to find out the reason back of it. If the colic is very severe, he may give the baby something to lessen the cramp and thus make him more comfortable.

There is some reason for thinking that an easily excitable mother is more apt to have a colicky baby. If this is true, keeping down the baby's crying will also calm down the mother. Your doctor may be one of those who believe that giving a baby a pacifier or a nipple stuffed with cotton to suck on (if this soothes him enough to stop his crying) is worth a try. A mother who is upset by her baby's crying is not able to handle him as well as when she feels calm.

Colic is not serious but it is hard for parents to believe this. Babies who have these pains are usually getting along well. They gain in spite of these times when they feel so miserable.

TEETHING

While a baby is teething it may be irritable, fretful, and not cut well, But teething, by itself, hardly ever explains an illness. If a baby who you think is cutting a tooth seems sick, it is wise to have a doctor. He will make sure that the baby isn't coming down with a cold, hasn't an earache, or some other illness.

Teething alone can make a baby pretty miserable. Some babies cut as many as six teeth during the latter half of their first year. So if a usually good baby acts cranky during that time, it may be he's getting a tooth. There isn't much you can do to stop the baby's discomfort. It will help him, though, to hold him and soothe him. He may like a plastic or rubber ring to bite ou. The counter-irritation seems to help.

SMOTHERING

Many parents worry needlessly for fear their baby will smother, either by sleeping on his face, or by getting his head covered with bedclothes. This fear is largely because the papers each year report a number of babies as dying by "accidental mechanical suffocation."

Actually, when a supposedly well baby dies sudderly while in bed, death is usually caused not by suffocation but by a sudden, overwhelming infection that the baby could not cope with. The symptoms of this infection have been so slight that they went unnoticed. Even though an autopsy



may be done it is not always a thorough enough one to find the signs of infection. An autopsy in such cases should include an examination of the brain, the mastoids, the middle ears and the neck organs, as well as the usual study of the chest and abdomen.

Babies who seem to sleep more comfortably on their stomach should be allowed to do so. Even a very young baby can turn his head from side to side to get air when on a firm flat surface without a pillow

Parents can do one another a service by spreading knowledge about this aid by urging in their communities that careful diagnosis be made of such sudden deaths.

CROSSED-EYES

A voung haby doesn't vet have control of his eve muscles so sometimes his eves look in different direction. Most habies develop this muscle control during their firit year, so that their evel, work is a term

Once in a while there is a baby who can't make his eyes work tomether because there is a defect in the working parts of his eyes. This condition is called crossed eyes or squart

It is not always easy to know during the early months whether a buby sizes are really crossed or not. It by the time your buby is three months old his eyes are not straight most of the time, a known doctor for his opinion. If the baby sizes still look crossed semetimes when he is six months old your doctor will idvise that you see an eye peculist.

The earlier treatment is stirted the better the chances of good results. Even a baby can wear a patch over one eve to strengthen the other and keep what he sees from being bluried by his second year a baby can wear glasses. The doctor instructions ruest be furthfully followed.

Sometimes a simple operation is no essery a little later and eye ever cise may be advised. Only the eye epecialist can decide what is best. Treatment must be begun early if the child is to be saved from the distress of being cross eyed.

HICCTIPS

Babies often have hiccups and this should not cause invite. Give the baby a druk of warm water or turn him over and pat him on the back or pick him up.



SAMPLE DAYS FOR THREE BABIES

In order to give some idea of the kind of schedule irrived at by babics at different ages average days in the life of three real babics, aged three- and a half, months, five and a half, and 11 months, are sketched, here

They are not given as patterns to go by but merely to show how different rimilies manage and how a baby's routing changes from month to month sometime, slightly sometimes more radically

It is interesting for example that while the first baby. Marco still takes a self-regulated feeding involvers from 2 to 1 am instead of a late evening feeding har distances hedule is pretty orderly and well-organized.

Donald's schedule show what a five and a full month old bally needs while living in a small aparticit in a crowded part of a large city. For this reason more attendor is given to he mother problems than in the other babies schedules.

Tonne's mother with her full time job outside her home also has a very crowled day. But from the fact that he has hosen to have her helper spend almost all her time on Lonne we can see that she would rather take over a lot or household dute, with her has band, help than have her run ea and be too busy with their to devote time to the baby.

Forme father not only take. I hand in the enjectable potentiang for Louisie but in the duller ratine ones too like getting breakfort and withing draper. In the way Lennie parents can enjoortogether what leasure time they have

A SAMPLE DAY (EARLY SPRING) FOR MARCO, THREE-AND-A-HALF MONTHS

Shout 2. 3. or 4 n.m. Breast feeding (Marco), not given a late everying feeding but is fed when he wakes, involves from a of o'clock).

Shout 6:30 or 7 n. m. Biby wikes and in breat fed also gets cereal, stewed fruit and vitamin D drops at this time. (The first two kinds of drops that were tried "came back up" the third kind the doctor tried.

agrees with the baby. Trial and error is sometimes the only way.)
Baby naps, sometimes for one hour, sometimes two.

About 10 a. m. Has orange juice and then his bath. He dearly loves his bath, and is so lively in it his mother is hesitant to let anyone else give the bath for fear Marco, in one of his sudden jumps, might slip out of their hands and become frightened of his bath.

May take half an hour's nap in his crib after his bath.

About noon. Baby has vegetable and is breast-fed. He enjoys all vegetables offered so far except carrots.

About 1 or 1:30 p. m. Takes nap of two or three hours in his carriage. His mother rests part of this time, but wheels the carriage to a near-by park sometime during the afternoon if the weather is pleasant.

About 4 p. m. Baby is laid in his play pen, where he looks around, handles his rattle and rubber doll a little. He is apt to grow restless and fussy toward 5 o'clock.

About 5 p. m. The baby has his dinner of fruit and cereal, in addition to a breast teeding. Then his mother gets him ready for bed. He usually lies in his crib looking around until 6:30 or 7 before falling asleep. This allows time for his father to see him and hold him.

5:45 p. m. Mother gets dinner. The baby's early supper time allows his mother to eat her dinner in peace.

10 to 11 p. m. Parents always go to bed by 11 at the latest, so as to get in a long sleeping period before Marco awakens for his middle of the night feeding.

A SAMPLE DAY (IN THE FALL) FOR DONALD, FIVE-AND-A-HALF MONTHS

About 7 to 7:30 a. m. Donald wakes up and is content to lie in his crib playing with toys tied to its side while his mother gets breakfast ready. Mother does not change him until just before he cats, as he usually has a bowel movement at about this time. (On an average day about 17 diapers are used, two or three of which have served as napkins or bibs—a practical way to conserve other linens.)

About 8 to 9:30 a. m. Breakfast takes about half an hour. He is not interested in cereal and fruit until he has had his milk. Donald then plays in his play pen if it is warm enough on the floor while his parents eat breakfast. He needs a number of toys to keep him interested, as he tires of each plaything very soon.

Mother prepares two 2-ounce bottles of orange juice, and may get the dishes washed before Donald gets fussy.

About 9:30 or 10 a. m. Donald gets his vitamin trops and orange

juice, part of it from a small glass part from a bottle. He cannot be put outside in his carriage for his morning nap, as the apartment entrance leads directly to the sidewalk. Some days he sleeps an hour and a half during the morning, on others only half an hour. He has always been a baby who took less sleep than "the books" say, and is a highly alert, lively baby.

While he is asleep his mother dresses and does whatever 'seems most urgent," as she says. It may be washing froning cleaning telephoning or letter writing. Sometimes 'resting, seems the most urgent need

About 11:30 a. m. or noon. I unch If Donald wakes early he may have his bath before his noon meal otherwise he has it it night. As the heat in the apartment is turned on somewhat triccularly, both time has to be fitted in when the room is warm crough

A good deal of cleaning up after funch is necessary for both mother and buby as he tries to guide the spoon with which she feeds him dumping to I here and there en rente. He likes to have a spoon of his own too buse integer to dip it into the dish

Next Jourdd plays in his near while his mother dieses, and takes his curriage outside preparators to 20 n2 to the park 30 currents distint on all pleasant day.

About I p. m. Mother leaves a fundle at the Lundroma on the way to the park. Here are no lundry tachties in the quatriert so Derald's mother does only sweder and blacket at home. She often plan to meet another mother so that each ear to one shopping what the other atches the two babies.

Between 2 and 3 p. m. Don de he he econd bettle of or mere to e-which has been brought along the sea busy witching what goes en amon, other in their aid habits in the rank that he may not go to sleep at all. When he does he may tall be a leep then they get home between four and five

1:30 or 5 p. m. If the apartment a warm and it Denald and a fluing varie mother give him his lack the didn't have tan the morning), if not he has it after supper when cooking in the oven has made the rooms without the bathroom is to small for the lathrest to be set up there or for the bathroom clothes to be kept there and the latcher is even smaller so the bathroom rathe laying toom.

5 or 5:30 p. m. Dore'd his his upper of milk cereal and fruit He usually has a boyel movement aftery aid

After a few minutes in his play pea. Donald conclines has another nap of an hour or so while his mother starts supper

6:30 p. m. Donald s father get home with a load of proceius He

may play with Donald if he is awake, otherwise he may go out to pick up the laundry, or take a nap.

7:30 to 8 p. m. Donald's parents eat their dinner, with him in his pen or high chair where he can watch them.

Around 8 or 8:30 p. m. His father gives him the bottle (Donald was breast-fed until recently) and he is put to bed for the night.

About 9 p. m. Father sterilizes the bottles and makes the formula for the next day, and helps with the dishes.

A SAMPLE DAY (IN SUMMER) FOR LONNIE, ELEVEN MONTHS. WHOSE MOTHER WORKS IN AN OFFICE

About 6:30 a. m. Lonnie wakes, is changed, and given his morning bottle and his daily portion of vitamin D drops.

Plays in his crib while his mother bathes and dresses. Father gets breakfast,

While parents have breakfast. Lonnie stays in his crib unless he gets fussy. In that case, he is dressed and put on the floor to play.

Mother puts Lonnic on the toilet for a few minutes. (He makes no objection, and moves his bowels on the toilet about three mornings a week. Usually has another movement in the evening.)

Mother places baby's food for the day in the refrigerator.

At 8 a. m. Nursemaid comes to care for Lonnie, and mother gives her instructions for the day, before leaving for her office.

About 9 a. m. Maid gives Lonnie his breakfast (cereal, egg yolk and toast.) He is learning to take part of his milk from a cup.

Maid washes breakfast dishes, and occasionally makes the beds when mother hasn't had time.

About 10 n. m. Maid gives Lonnie his bath, after which he has a nap, and is taken outside afterward if the weather is suitable.

About 1:30 p. m. Lonnie has his dinner (green or yellow vegetable, potato, strained meat, custard), after which he is again taken outside. He may have milk now, or later on.

About 4 p. m. Lonnie naps, and usually wakes up close to the time parents get home.

At 5:30 p. m. Mother and fatner get home. Father puts diapers in washing machine, and he or his wife hangs them out later.

Mother gets Lonnie's supper, and prepares dinner for her husband and herself.

About 6 p. m. Mother or father feeds Lonnie (cercal, fruit, toast and a bottle) and puts him down to play while his pareous eat their dinner.

He likes especially to play with a little silver bell from the coffee table, and with a toy rabbit.

Short play period with Lonnie out-of-doors. He walks holding onto his mother's or father's hand, or rides in his stroller.

About 7:30 p. m. Mother puts Lonnie to bed. Sometimes he has a bottle, sometimes not. (In winter he is put to bed earlier.)

Dinner dishes are cleared away and washed, both parents helping. Mother washes and sterilizes bottles, makes up evaporated-milk formula for the next day, and stores it in the refrigerator. Mother then does ironing, cleaning, or other necessary housework.

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WEANING YOUR BABY

1 Some babies of four or five months enjoy sips of water or juice from a cup. Others are not ready yet to start this first step in weaning. Even white a baby takes most of his juice or water from a bottle it's a good idea to let him begin to learn what a cup is for.

LEARNING TO ORINK FROM A CUP

Your baby may not seem much interested when you first often him water or juice from a cup. He may get just a sip and turn away. It so, wait a few days before trying it again. Your object at this time is to let him get used to the cup, not to have him take liquids this way. I et him have a bright plastic cup to play with. Some day, when you put a little juice or water in it, be may decide it's fun to sip from it.

For quite a while a baby may take only a few sips that way; to take one swallow after another, to really drink without taking a breath between swallows, is more than he can do for some time. Put a little milk in a cup sometimes, to let him get used to the new way of taking it very gradually. Having milk during a meal, along with solid food, may get to seem the natural thing

Most babies take milk out of a cup more readily if it is varm, but a few babies like it cold.

Even when a baby has learned to drink well from a cup, he may not be ready to take all his milk that way. Getting milk from bottle or breast has been one of his chief satisfactions ever since he was born. His urge to continue sucking may be very strong.

Babies who are weaned very late, when they are well over a year old, often take it harder than those who are weaned earlier. And many a baby want, a bottle at his nap or bedtime long after he drinks his milk from a cup the rest of the time.

WEANING FROM A BOTTLE

A bottle-fed baby is often not ready to change to a cup as early as a breast-fed one. Lee may not cling to his bottle so long if his mother has not made a practice of putting him to bed with it. Even when your baby prefers to hold the bottle himself, it's a good idea to hold him on your lap while he eats, if he's going to sleep right afterward.

There's no set time at which a baby should be drinking his milk from a cup. The question comes up, though, because some mothers make no attempt at teaching a baby to use a cup for milk. Ther they don't know what to do when their baby gets so used to a bottle that at 18 or 20 months, or even later, when he's fast getting beyond seeming like a baby, he still clings to his bottle.

As soon as your baby is drinking milk well from a cup, you can begin to cut down the number of bottles he has, one by one. If you do it by very easy stages, the baby will be unlikely to feel that he is being deprived of a very important source of pleasure.

While you are weaning your baby, make sure that you give him a little extra attention. The time you spent holding him while he took his bottle was a very pleasant part of his day, and you will want to make up to him for the loss of this bottle by other kinds of companionship.

WEANING THE BREAST-FED BABY

It is good for a baby to be breast-fed for seven or eight months, and there is no reason for stopping then if his mother has plenty of milk. However, weaning when he is as old as this is usually fairly easy. By this time he can change over to whole milk. A good many babies have learned to drink from a cup by then, and never need to use a bottle. Others are not quite ready to give up sucking, and having a bottle gives them a chance to go on sucking longer. Because no two babies are alike, you will find your baby has his own way of acting when you begin weaning him.

Many babies have already been used to having a bottle or so a day, in addition to breast milk, as their mothers' supply got less. They are likely to be the ones who find weaning easiest, for they are used to the taste of cow's milk and to a bottle.

If your baby is six months or over as you begin to wean him, you may find it simpler to wean him directly to cup feeding, especially if he has never had any bottle feeding.

However you have been feeding your baby, there's no reason to hurry him into making a change. Going slow, and going easy, may make it possible for him to accept the new way of getting his food without feeling cross and upset.

When you begin to wean your baby, try giving him one feeding a day of cow's milk for a week, and one less breast feeding than you have been giving. The next four or five days, if the baby has been taking the change well, give two feedings of cow's milk, and two less at the breast. For another four or five days cut the breast feedings to one, and give the rest of cow's milk. Now you will be ready to stop breast feeding entirely. The change-over may have taken between two and three weeks,

When you begin with the bottle feedings (or cup if your baby likes it better that way), give them at regular mealtimes when your baby has some other food along with his milk. It doesn't matter it for a few days a baby who is in good health cloesn't get quite as much milk as usual. Urging might result in his taking less, rather than more. At seven or eight months he is getting other foods, and isn't quite so dependent on milk as he was earlier. If he seems hungry between his usual mealtimes, offer mill, again. Even if he takes only a little, he'll be getting used to it the new way.

There are a few good reasons for weaning a baby under six months. Among those connected with the mother's health are:

Another pregnancy; chronic illness in the mother (like cancer, heart disease, anemia, or Bright's disease); or, long-lasting, severe infectious diseases (like typhoid fever or lang tuberculosis. When a woman has active tuberculosis of the lungs, she should not even take care of her baby, as he is almost sure to get the disease if he is near her).

Sometimes it is necessary to change over to bottle feeding for a little while because of a sudden extreme or contagious illness of the mother.

Unless the mother is too ill, her supply of breast milk should be kept up by completely and regularly emptying the breasts. (For ways of doing this, see p. 29.)

A doctor should prescribe a formula for the baby while the mother is sick. Just as soon as possible, breast feeding should begin again.

Weaning is sometimes suggested unnecessarily, because of colic, spitting up, frequent bowel movements, or breast milk that looks "too thin." None of these is a good reason for stopping breast feeding. Nor is a shortage of milk a reason until the mother has tried to add to her supply

of breast milk, by diet, rest and other improvements in her ways of living. If there is still too little milk, the baby can have a bottle after each breast feeding, providing his mother wishes to go on nursing her baby.

WHEN YOU CAN STOP BOILING THE BABY'S MILK

Raw milk should always be boiled. But if you have pasteurized milk, you can stop boiling it once the baby is getting milk from a cup. There is little chance for bacteria to grow in properly pasteurized milk that is poured straight from a cold milk bottle into a clean cup and fed to the baby at once.

You will need to keep on boiling a baby's milk:

- 1. If the baby has a tendency toward diarrhea or very loose bowels.
- 2. If you have no refrigerator or other really cold place to keep the milk. (You may prefer in this case, to use evaporated or dried milk. See pages 37-38.)
- 3. When the baby cats away from home, when traveling or in public places where you cannot be sure of the conditions under which the milk has been kept. (You may want, a week or so ahead of the time you travel, to I gin getting the baby used to the taste of evaporated or dried whole milk. This can be carried on a trip, along with sterile nipples, bottle caps, and bottles cort; ining the proper amount of boiled water, and made up as needed.)

13

WHEN YOUR BABY BEGINS TO FEED HIMSELF

When your baby wants to get hold of the spoon with which you are feeding him, let him have a small spoon so he can 'help." Of course his efforts will be a bother at first, but it pays to encourage a baby's desire to do things for himself.

It will take him a long time to fearn to get a spoon to his mouth right side up. At first, even though you pick out something for him to begin on that will cling to the spoon, like mashed potato, he'll get only a dab of food into his mouth. But learn to shut your eyes to the mess he makes.

He will gradually make a go of it. If he wants to use his fingers instead of the spoon—and he will—all right!

Bananas, peas, diced cooked carrots and chopped meat, for example, can all be eaten with his fingers. But if he gets to playing with his food, just squeezing it in his fingers or daubing it on his chair, it's time to put it out of reach. You may find he'll take a few more bites of what you've been feeding him, but his playing may mean he's had enough.

It will seem so much easier to keep on feeding him yourself that you may be tempted not to let him help. But if you don't let him help when he's eager to learn, he may lose that eagerness, and end by depending on you long after he could feed himself. The more concerned a mother is about "getting food into" a baby, the more finicky he often gets about what he'll eat.

Toward the end of your baby's first year, you may notice a slowing down of his appetite. Don't let it disturb you. Remember, his rate of growth is slowing down, and he may not need as large amounts, in proportion, as he did when he was growing faster. Urging food on a baby who eats less than you think he should is much more likely to start a problem than to make him eat more.

VARIATIONS IN APPETITE

Some babies are big caters, some have small appetites. Don't expect your baby to eat about the same amount at all three meals. Remember, he's an individual. The chance, are you don't eat the same amount at each meal, either.

You will find, as well, that on some days your baby doesn't want as much to eat as usual. Babies, like grown-ups, are hungrier at one time than at another. If you remember that your baby isn't a little machine, you'll be less inclined to try to stuff into him the amount of food you have decided he should have. And if suddenly he begins to turn down a food he's liked before, lay off it for a few days. You may have overdone giving it to him, just because it was a food he took so readily.

The only way a baby can tell us he's tired of a food is by refusing it. Don't be afraid, when you offer him a different food, that you're spoiling him. It's not "appeasing" a baby to offer him a change; it's only common sense—that will pa; dividends.

Vegetables and cereals are the things babies get tired at of. But there are so many kinds of both that it is easy to offer different ones often.

Your baby may not be able to feed himself entirely until he is 18 or 20 months old, or even older. But he can manage a good many things by the end of his first year.

While he is learning to feed himself, your baby's meal may go pretty slowly, so a deep plate that fits over a container of warm water is a convenience in keeping his food warm.

Babies and young children often prefer to eat all of one thing before they start on another. You may find that when the baby is hungriest, serving foods separately, and starting with the ones that aren't favorites works well. Trying to get babies to eat something they aren't fond of by mixing it with a well-liked food may work, but it may make the baby turn against the food he was especially fond of before. Alternating bites of food that is tess well-liked with other foods is another trick to try. Babies usually prefer foods served separately rather than mixtures.

Sometimes a baby's failure to eat as much as usual is the first sign he gives of coming down with a cold or other illness. If a baby's appetite suddenly lessens, he should not be urged to eat. Offer him water or fruit juice while you wait to see if he gets over his loss of appetite, or if he shows signs of feeling miserable. By the second or third meal you can usually tell whether his lack of hunger was only temporary or whether he needs to be seen by your doctor.

Babies turn away from certain foods sometimes because they see an older person refuse them. Unfair as it may seem, parents often have to learn to eat what they want their baby to like

A baby's food needs to be attractive. He has a right to object to cereal that's lumpy, or to a vegetable that is strong tasting from being cooked too long (or too hastily).

A baby can get into a habit of gagging or seeming to choke on certain foods if he happens to find that his mother gets excited when he does it. To keep him from resorting to this sort of thing to gain attention, take pains to act pleased about the things he does that you hope he'll repeat, and ignore any antics that may be put on for display.

FEEDING ARRANGEMENTS

When a baby becomes able to sit up well by himself, it is easier to have him sit on a chair than in your lap during his meals.

It takes less stooping on your part to feed him in a high chair, but he will use a low chair and little table much longer.

It you get a little table and chair, be sure that they are strong, as they will get hard wear. If at first the baby's feet don't reach the floor when he sits on his chair, let him rest them on a box or steel. A chair without arms pushes up to a table snugly. The height of the chair should be such that the baby may use his arms easily on the table when he feeds himself. Physical comfort will encourage him. Tables are on the market that have a built-in chair with a footrest. They can be used for play, as well as for eating. If the table is made so that it can be raised when the mother feeds the baby, it is a great convenience for both, and, as a result, makes the meal more pleasant.

If you use a high chair, be sure to get one that has legs spread wide enough apart at the bottom so that it will not tip over. It should have a footrest, and a safety belt to keep the baby from falling.

One advantage of a high chair is that a baby can feel he is one of the family, once he is old enough to have some of his meals when they do. Even though he may not be eating quite the same variety of foods that the others are, he likes being with them at some meals.

14 SATISFYING YOUR BABY'S SLEEP NEEDS

You can use either a regular crib, a basket, or even a cloth-lined box for your baby to sleep in at first. Until a baby is three or four months, a smaller type of bed has advantages. It costs less. The sheets used in it are small and easy to wash. You can move the baby from one room to another, or take him outside or in the car without disturbing him.

PREPARING THE BABY'S BED

By the time he needs a full-sized crib you may have recovered a little from the expenses of the baby's birth. When you do get a crib, it should be large enough to last three or four years.

BEDDING FOR THE CRIB OR BASKET

A MATTRESS COVER OF PLAS-			
TIC WATERPROOF MATERIAL			
OR RUBBERIZED SHEETING,			
LARGE ENOUGH TO TUCK			
WELL UNDER THE MATTRESS.			
SHEETS (OR PILLOW SLIPS OR			
DIAPERS, IF YOU USE A BAS-			
KET OR BASSINET)	5	10	6

 For example, in a warm climate, very lightweight blankets will be needed. In a dry climate you can get along with less bedding than in a moist one where it is hard to dry clothes.

Quilts are not suitable for covering a baby's bed. They are heavy, in proportion to their warmth, and do not enclose the warm air from the baby's body as well as blankets do.

If you do not use a crib at first you won't need to buy crib-size blankets for a while. Little carrying blankets and baby shawls are usually just the right size to fit into a clothes basket or bassinet. Or, you can make small blankets out of the good parts of big, old, soft ones.

A bassinet costs more than a plain clothesbasket, but it is convenient because it has legs to bring it up to a good height. If you use a basket, pick out a safe place to set it, so it can't get knocked over A chest or stout table is good, placed against the wall or in a corner. It should be of table height, for you bend over many times a day to pick the baby up, change him and turn him over. Keep the basket off the floor, where it is apt to be cold, drafty and dusty

To line the basket (or crib) you can use quilted pads like those you put on your lap under the baby. The them to the sides of the crib or basket with tapes. Or, cut up an old soft quilt for this purpose. A clean adult-size blanket folded to fit snug and flat makes a good mattress. Don't use a pillow for a mattress—it's too soft. The surface on which a baby sleeps should be firm and flat, so that he can turn his head easily from side to side.

Unless the mattress has waterproof ticking it should have a waterproof covering. You can make or buy one of plastic sheeting that completely covers the mattress, with a zipper fastening. Or, it can cover one side of the mattress only, and be field underneath by tapes sewed to the corners. Making it fast is important.

You can make sheets for a crib out of partly worn big ones. If you use a basket for a bod, pillow cases make good sheets, or you can use diapers as sheets. If you use 20-inch by 40-inch diapers, put two on crosswise. Then you can change the one at either the head or foot of the basket if only one gets damp or soiled. Tuck them in tight so the surface where the baby lies is flat and smooth.

If you place a waterproof flannelet-covered or quilted pad at least 18 inches square where the baby's buttocks will rest, the sheet won't have to be changed so often.

You will not need an upper sheet. Tuck the blankets that cover the baby well under the mattress at the sides, but allow enough room so that the baby can move freely. No pillow of any kind should be put under a

baby's head. Nor should the blankets come up close around his neck; you want him to be free to turn his head, and get plenty of air. By putting a sweater on him in cold weather you can make certain that his shoulders are warm enough.

THE SLEEP OF A NEW BABY

Because each baby is different from every other, no rules can be made as to just how much sleep babies need. But one need they all have in common—an opportunity for as much sleep, under favorable conditions, as they will take.

A baby has to be helped to set up a rhythm of sleep and waking. At the start his sleep will be very irregular. He may have in 24 hours as many as 18 or 20 little sleep periods. But by the time he is two weeks old the sleep periods are getting considerably longer. And as he grows, and can take larger amounts of food, the stretches of time he stays asleep become greater. If his food satisfies him, he will sleep accordingly. Four, five, or six hours of sleep at a time are not unusual in a month-old baby. An occasional baby at this age will sometimes sleep as long as seven or eight hours at a time.

A baby doesn't change suddenly from the dozing life he led before he was born. His sleep is not as sound as it will be later. He hardly seems "awake" in the usual way we think of it when he is not sleeping. Right at first, it is sometimes hard to keep a very young baby awake long enough to feed him. His hunger pangs wake him, but he falls back into a drowse easily.

For the first week or two a baby may be awake only about two hours out of the 24. But in only a few weeks, he will gradually shorten the time he is asleep by several hours. He stays awake longer at a time, too, his longest wakeful period sometimes coming in late afternoon or early evening. When he is six months old, he may be sleeping 12 hours at night, and perhaps three to five hours during the day. His daytime sleep by that time may be in the form of one long nap, and one shorter one, or he may take three naps. By the time he is a year old, a baby may have given up two naps in favor of a single one of several hours.

When a new baby has wakeful spells, they are as likely as not to come in the middle of the night. His parents, of course, want the long sleeping periods to come then. If your baby seems bound to be wide-eyed when you need to sleep, keep him awake a little while at convenient times during the day or early evening.

Sometimes parents keep the baby's crib near their bed because they want to be sure that he is all right. It is natural for you to want to have

your baby close by. But if he is too near, you may lie awake listening to his breathing, and worrying about his every snuffle or hiccup.

At first a baby's breathing is somewhat irregular. He may make little whimpers, coughs, or noises that inexperienced parents don't know what to make of. As nothing should be made of them, it may be better—especially if you are a light sleeper—not to have the baby's bed too near at hand. Do whatever disturbs your sleep the least. After the first few weeks, your baby, and you and your husband will probably all sleep better if the baby can be in a separate room.

Within a week or two your baby may begin to have a favorite sleeping position, either on his back or his stomach. Either one is all right. The back of the head of a baby who always sleeps on his back may get a little bit flattened, but it will get back into shape as soon as he is old enough to be sitting up a good deal.

When infants prefer sleeping on their stomachs, mothers sometimes worry for fear their babies won't get enough air to breathe this way. It is perfectly safe for a baby to lie on his stomach on a firm, flat mattress, on which he can move his head from side to side easily. Babies who are said to smother usually die not from lack of air to breathe but from some rapid, overwhelming infection. Many doctors feel it is safer for babies to sleep on their stomach than their back. (See Smothering, p. 56.)

Some people make an infant restless by keeping him too warmly covered. Because a baby's hands or feet feel slightly chilly to the touch does not mean that he is cold. You can judge better whether he's warm enough by feeling his body. If that is warm, he's all right. If his neck and chest are damp from perspiration, he is too warmly dressed or covered. Perspiring, and getting chilled afterward, are more likely to be harmful than the rare chilling from too few clothes.

Babies need fresh air where they sleep, but they should not sleep in a very cold room. In very cold weather, air the room and close the windows before putting the baby to hed for the night. This will give a baby who sleeps in a room alone enough fresh air.

At other times, when you have windows open, and if you think there may be too much air circulating in the baby's room, hang a blanket over the backs of chairs near his crib, or use a screen. This is better than hanging anything over the sides of the crib that might fall or be pulled down to cover his face.

REGULARITY IS DESIRABLE

Once a baby gets on a fairly regular feeding schedule, his sleep is apt to fall into a pattern that matches. The hour at bich his bedtime

comes doesn't so much matter as that it shall be about the same hour every night. If he stays up to see his father, this will influence his nap times, and he will need a nap later in the afternoon than if he goes to bed earlier.

Once he gets into a regular routine, your baby's nighttime sleep will ordinarily be about 12 hours throughout the first year. Thus, a baby who is put to bed at 6:30 p. m. is likely to wake up about 6:30 a. m.

For the first few months after he is born ordinary sounds won't disturb your baby's sleep. But when he is several months old, and is more aware of what is going on around him, he is more likely to notice noises. While he is going to sleep you may find it desirable to tone down the household noises a little if you can. Once he is sound asleep, let them go on as usual.

Few babies fall asleep right off, either at night or at nap time, so it is a good idea not to indulge in exciting play with a baby just before putting him to bed. That mothers have long been in the habit of singing quieting lullabies shows that they have recognized the need of a baby's being in a calm mood when he goes to bed. It the only time his father gets to enjoy the baby is in the evening, it is better for any lively play to come when the baby's father first gets home.

When you take your baby to a friend's or relative's house, it is important to know beforehand if there will be a quiet place for him, where he will not be disturbed, and can sleep at his usual times.

Waking a baby to show him off to people interferes with the long, unbroken sleep that he needs. It you began to do this, you may find that he doesn't go back to sleep when you put him down again.

None of our living habits is more individual than the way we sleep. You want your baby to be a good sleeper, and he will be if you give him a chance.

GOOD CONDITIONS FOR SLEEP

If your baby cannot have a separate sleeping room, it is extra important to plan as carefully as you can for him to have undisturbed sleep.

If you have only one bedroom, it sometimes works out well to put the baby to sleep there for the evening. Then, before you go to bed, air the living room and move the baby's crib there for the night. If he has a late feeding you probably pick him up before you go to bed anyway.

Some parents give up their bedroom to the baby. If there is no other way but for the baby to sleep in the room with you, you may find that dividing the room by means of a curtain or a screen helps to give a little privacy.

CRYING THAT PUZZLES YOU

When a voung baby's sleep is broken by crying, new parents are some times more bothered by it than they need to be As it is the only way a baby can call attention to his needs they are apt to take his crying pretty seriously. They expect their baby to eat, and sleep, and remain quietly contented all the time he's awake. They don't allow for any crying! They imagine all kinds of things that may be wrong every time the baby lets out a peep.

Now crying is a bala's signal, the only signal, he can give as to he wants. But it may come from nothing more than a very mild discomfort Civing doesn't necessarily mean he's hungry or in pain, or has a pin stuking into him. It can mean simply that he's not sleepy, and wants the companion hip he gets from being held a lattle while Remember your baby has only very lately been separated from his mother. He still teed to be close to her a good deal. Or maybe he's tired of lying in one position, and needs to be furned over. Perhaps he wants a dry diaper

Prolonged or very frequent crying is not good for a baby, and parents usually feel better if they can do something to comfort him. Even though you may not know just what your babys crying bout you in help him feel that he can rely on you by jucking him up and sootling him. He's likely to cry for less when he has this sence of trust in you. And before long you will be able to interpret his living better.

How are you to learn to understand crying? Because at firit a baby's crying all sounds pretty much alike you may be eito consider a number of possibilities until you can tell one kind of eas from another

- 1. All babies cannot be expected to full sleep at once after they are fed. Some almost always fuse a few natures. Wait five or 10 minutes to exist the con't settle down. If the crying shows no signs of letting up part him for a while right in his bed. If that doesn't calm him take him up hold him, and soothe him. Usually by this time he's wet again or has had a bowel movement. It won't but to find out.
- 2. A baby seems to go sound askerp litter a feeding, but then wake up and cries within a half hour. A good guess is that he didn't get all the air bubbles up, and is having gas pleas. I iking him up and helding him in a position to get the air up while you put his back may do the trick. Don't try to put him down again too soon. If it's a colicky pain that these simple measures don't relieve that's another matter. (See Colic. p. 55.)
- 38. It it has been two hours or more since he was last fed, he may be hungry. If he is bungry he will not be contented by I are held, but will



squirm and search from one side to the other, anxiously seeking the nipple.

- 4. A few babies seem to be unconfortable when they are wet, and settle down to sleep quietly when they are changed. Some quiet down after they've had an ounce or two of warm water. Other possibilities are that the baby may be too warm, or too cold. These are easy things to check on and remedy, if necessary.
- 5. Many babies tall asleep readily when they are rocked, taken for a ride in a car, or wheeled about in a carriage. A fus-y baby often quiets down and sleeps when his father or mother rocks him or walks with him a little while. Some babies are soothed to sleep by a loud-ticking clock or by the hum of an electric fan.

Keep in mind that a little crying (five or 10 minutes several times a day) is to be expected, and does no harm. But when there's a lot of crying you need your doctor's help.

An inexperienced mother, who isn't quite sure of herself, may find her baby getting more and more demanding, and not a bit happier if she picks him up every time he whimpers. She is too conscientious, and tires both herself and the baby out with her attentions.

A baby quickly learns to take advantage of his mother's uncertainty. By the age of six weeks or so most babies are aware enough of their surroundings so that if their crying means they're taken back where there are lights and people, they may be smart enough to try it pretty insistently.

Carrying a baby around a lot or rocking him by the hour may only stimulate him to stay awake.

The more new parents can build up their confidence in following some one method they believe in, the better off they and their baby will be When a baby cries after laving been put to bed for the night make sure he is as comfortable as you can make him then let him alone even if he continues to cry for a little while. If you begin the custom of putting the baby to sleep by walking rocking or shaking his crib you may have to do it at very inconvenient hours. Before a baby is many months old he react to the soothing, but firm, tone in which you talk to him as you put him to bed, and will tend to settle down without much luss.

An older baby's parents can do a lot toward keeping him from objecting to going to bed by making the bed going process a quietly pleasant one. Playing with the 'little pigs' while undressing or singing the fivorite songs are ways fathers and in their take the sting out of the tecessary separation from them that Loing to bed means

If you live with older people you may find them particularly sinsitive to the baby's crying even though he may be very little. It may take a good deal of firmness to stock to your course of action. But your conviction that you're doing it for the baby's good should help you not to be overconcerned about reproachful looks or pleas to be allowed to pick the baby up.

Don't let anyone persuade vor to give vor to the vany lind of medicine to male him sleep. All soothing syrups and the like, contain drugs that we had for a baby. Many of them we extremel. I ingerous If there are times when it is necessary to help the baby ge. sleep, your doctor will be the one to prescribe something.

A behy who usually sleeps well may cry in the night when he is teething of course be reeds whatever contoit you can offer him

Putting a baby to bed with his bottle propped beside him may create a problem. Not only is he denied the pleasure of being head and coudled while fed, but this practice may end in his being so dependent on the bottle that he can the oto sleep without it.

It is a good idea to get a haby used to sleeping inder different conditions. Sometimes sleeping elsewhere them in his crib will make it clisical for him to adjust to traveling or moving

HEAD-BANGING AND CRIB-ROCKING

Some babies have odd ways of behaving before they fall askep. They bump their heads in unst their cribs rock from one side to the other or jog forward and back on their knees. These odd tricks seem to satisfy some need or to give babies some kind of relief. Pe 'aps the abythmic

motions they go through are soothing. Even young infants react to rhythm. They show they enjoy being rocked, and sometimes are quieted by soft music.

Head-banging and rocking apparently do no harm. But they can be annoying or worrisome because there seems to us to be no reason for them.

If a baby often takes more than half an hour or so to fall asleep, maybe he needs to be calmed down a little more or given more quiet companionship before he is put to bed. Especially if he is an excitable baby, a warm sponge bath, a little singing or rocking, or listening to soothing music on a phonograph may help. Sometimes a baby may be made restless by the haste with which his mother hustles him off to bed. It is possible that some babies fall back on this activity because they are not offered enough chances to crawl, or climb, or explore.

Perhaps if we thought of these movements as giving babies the same kind of satisfaction or release from tension that rocking in a chair or tapping a foot gives an adult who has an overflow of nervous energy, we could take them more calmly.

THUMB-SUCKING

When a baby is born, we are very glad he is able to suck and get his food. And then, a little later, when he begins to suck his thumb or fingers, we get upset and often try all kinds of ways to stop it. Why de we have this strong feeling against what is so perfectly natural for babies to do? Somehow, unfortunately, the idea grew up that it was harmful.

Sucking is the first way a baby gets pleasure. So when he is tired, or hungry, or doesn't have anything interesting to watch or to do, he may try to get a little pleasure out of thumb or fingers. Sucking may not be as nice as being held, or taiked to, or fed; but it is better than nothing. And sometimes, mothers say, it seems to result in a very satisfied child.

When someone comes along and says "No! No!" or grabs the thumb out of his mouth, a baby's need of relief or comfort is made even greater. He now has to make up for the unhappiness he feels over being spoken to sharply, so he depends on his thumb all the more.

Perhaps thumb-sucking never would start in the first place if babies had a chance to suck longer to get their food. At any rate, investigators find that an unusually large number of children who suck their thumbs beyond babyhood took their milk very fast as babies.

One way of giving a baby a chance to do all the sucking he wants is

to let him suck on at the breast even if he is no longer getting much milk. A baby gets the greater part of the milk from either breast in the first five minutes, but if he wants to keep on sucking even after he has nursed 15 or 20 minutes, there's no reason why he shouldn't if his mother's nipples can stand it. Or, if his mother's milk is plentiful, and the baby seems to get it very fast, perhaps several little pauses during his meal will slow him down.

If he's a bottle-fed baby you can give him more sucking experience by using nipples with cross-cut holes, or with fewer and smaller holes. If the milk drops through quite fast from the nipples you have, buy nipples without holes, and burn smaller holes with a fine needle. (For directions, see p. 41.) Then the baby will have to work longer and a little harder to get his meal.

If a baby still wants to suck his fingers, even though he has been allowed to suck at the breast or bottle as much as he likes, go ahead and let him. Only when thumb-sucking goes on for years does there seem to be danger of harm to the jaw or teeth. A baby who isn't prevented from sucking to his heart's desire during early infancy may be a whole lot less likely to keep on past babshood than one whose parents make an issue of it.

Tying up a baby's hands, putting something bitter-tasting on his fingers, or using mechanical devices to keep a baby's finger out of his mouth rarely work. They only make him irritable and unhappy. They do nothing toward banishing such causes of sucking as loneliness or boredom, and the added irritation may be an impetus.

Instead, try to keep your baby happily occupied, and give him a chance to get all the sucking, sleeping and loving he needs. Such efforts will pay better dividends than making a bogic out of thumb- or finger-sucking.

Sometimes it is a corner of a sheet or blanket that a baby chooses to suck on. Here again there is no reason for doing all manner of things to keep him from it. Just make sure that the baby has an abundance of mothering, and that he has no excuse for feeling lonely or discontented. The unpleasant habit will stop very shortly.

There are babies who have a great fondness for holding onto some special thing while they are falling a sleep—a certain blanket or a stuffed toy. Others like to stroke their blanket, or rub a corner of it against their cheek. There's no reason for denying a baby any comfort he gets out of this harmless kind of habit. On the other hand, if you don't always give him the same thing to take to bed with him, he may not get the feeling he has to have one special plaything.

1.5

CLOTHING FOR YOUR BABY

In planning clothing, it is better to have plenty of the few things that need constant changing, like shirts and diapers, than to have a great variety of clothes. A baby can get along very well with only one dress, which will be worn very seldom, but two or three shirts may be used every day—sometimes more.

A special reason for buying only what you need at first is that a baby outgrows clothes very fast. Also, in most climates he'll need a different kind of clothing later in the year.

These are about as few as your baby can get along with comfortably for the first six months:

COTTON SHIRTS—SIZE 2, LONG OR SHORT SLEEVES, OR SLEEVELESS ACCORDING TO CLIMATE AND TIME OF YEAR (5 OR 6) GAUZE KNIT, OR BIRDSEYE DIAPERS (3 OR 4 DOZEN) KNIT COTTON NIGHTGOWNS (4 OR 5) SWEATERS (2 OR 3) LIGHT WOOL BABY BLANKETS, KNIT SHAWLS OR FLANNEL SQUARES (3 OR 4) A WARM HOOD (IF CLIMATE IS COLD)

If you can easily provide more shirts and nightgowns, you will find the extra ones come in very handy. Other clothes, like dresses, more sweaters, and a bunting or other wrap for cold weather, are nice to have, but are not necessities.

One of the things to watch tor in choosing a baby's things is the ease with which they can be put on and taken off. Pick out rightgowns that open all the way down, shirts and sweaters that have a good-sized opening for the head, if they don't open down the front. A baby doesn't like to be turned over, to have his arms tugged at, his mouth and nose covered, while clothes are slipped over his head.

Avoid any clothing that has a drawstring around the neck. Drawstrings or bonnet-strings can get pulled tight, and may be dangerous when a baby becomes active and can turn over.

If tapes or buttons are used on the baby's clothes, check often to be

sure they are sewed on tight Grip fasteners are handy, secure and safe.

Babies heat up and cool off more quickly than adults do because they have more skin surface in proportion to their weight. This means they have to be watched very carefully in climates where there are sudden changes of weather. They may easily get chilled, even in summer. In very hot weather a diaper is often the only clothing a baby needs, but you have to be ready to put on an extra garment when the temperature talls.

Many babies used to be made uncomfortable by being too warmly dressed Nowaday we realize that a baby needs to be dressed in keeping with the weather

Escrithing a baby wears needs to be washable. In fact, you will want to wash before using or iron with a very hot iron, any of the clothes you buy that do not come in scaled packages.

Cotton is thought to be the liest material for shirts and for any other clothing that goes next to a baby sikin. A young beby's skin is very sensitive and wool may irritate it. Also a baby sikints must be wished constantly, which makes wool once shrink considerably. When a baby needs extra waimth, he can we if a sweater. When their is a change in the temperature, it is easier to take off or add in outside garment than to change his shirt.

When your baby rets old enough to creep sleepers pramas, or overills will keep his legs warm

DIAPERS

You will need at least three or four dozen diapers (perhaps more) especially if you live in a climate where it is hard to dry clothes. If ou use a diaper service, have at least a dezen on hand for energencies

A baby may use up to a dozen or more dispers a day depending on how much of the time he is awake

Diapers need to be soft light in weight and not clums. The material they are made of should soak up meisture well wash easily and dry quickly

Those made of birdseye or of knit goods are much used. Cauze diapers absorb moisture well and dry rapidly. They are made of two thin layers woven together at the edges instead or hommed. They wear as well as those of heavier material.

A good deal of scrubbing can be avoided by lining the diaper with squares of old cotton cloth or toilet tissue to catch the bowel movement. On trips, or when it is haid to get washing done disposable diapers are useful.

Unless waterproof diaper covers are loose, and cut so that the air can circulate, they may be uncomfortably warm, or cause a rash on the baby's buttocks. Some babies are able to wear them much of the time with no harmful effects whatever. Instead of using waterproof pants, some mothers cut a piece of plastic material into eight- by 10-inch squares that fit between the folds of the diaper and do not touch the baby's sensitive skin.

Traveling or visiting away from home are the very times when your baby may have to wait a while to have his diaper changed. Wearing wet or soiled diapers for a long time is one cause of diaper rash, so change him as promptly as you can—especially when he is wearing waterproof pants.

As your baby gets older, and takes larger amounts of liquid, you may find he gets so wet at night that you feel he will be more comfortable with a waterproof diaper cover that keeps his bed from getting wet and chilly. Try out moisture-proof pants for overnight use. You can soon tell whether your baby is one of those whose skin is too sensitive to make their use safe for hours at a time.

CARE OF DIAPERS

If you live where you can have a diaper service, and can afford it for a few months, a great load will be taken off your hands. Having a washing machine, of course, simplifies the diaper problem a great deal, and a drying machine helps still more.

When you wash the diapers at home put them to soak in a covered pail of cold water as soon as you take them off the baby. If the diaper is soiled, shake or scrape off as much as you can of the stool, and rub a little soap into the stained parts before putting it to soak.

To wash diapers use any m'ld soap, soap powder, or detergent in plenty of hot water. The rinsing is just as important as the washing, for unless you get all the soap out, the baby's tender skin is liable to become irritated. If the water in your locality is soft, two or three rinsings may be enough. With hard water, three or four rinsings are usually necessary to completely rid the diapers of soap. It is all right to use a little bleach in the wash water if you put the diapers through several rinse waters.

If you can dry diapers outdoors, the sunlight will take ϵ_0 t most stains.

It is usually unnecessary to boil diapers if they are thoroughly washed and rinsed. They are softer if dried outdoors, and bacteria have little chance of remaining in diapers dried in the sun.

If your baby has a tender skin that makes him get diaper rash easily,

you will need to use special case to keep him free of the irritation caused by wet diapers. You can prevent the ammonia odor in wet diapers, and protect your baby's skin, either by boiling the diapers, ironing them with a hot iron or by putting in the last rinse water some product your doctor standards.

A baby who dispers are free of our tid are changed promptly a quite unlikely to have much it in strouble with dispers it h. But it your baby's buttocks tend to break out with a rish very cisily you may feel that boiling or donny he draper as a mall price to pay for his comfort. I asymptoff a baby draper and exposing he kin to the sun and an or to the wrimth of an electric light helps to do away with dispersish. If an electric light is used be sare that it is it a sife distance from the baly of that he cannot be branced.

The drip is etablish who had in the med special care (Sep. 132)

SLEEPING GARMENTS

Since to the specification could be histodraper and societies of fluoriclet backet on a baby during the first few months, and wrige him in a blanket when they pick him up to lead him. They feel that numbtowns a number dy is they have to be changed so often.

Others think a me ht own a the most consequent dung for body to we it most of the time. A young body does not kick his ever off but for in older bobs might, own the first a chough to our down well below the laby feet are god to cold veither we it. A draw-time, can be run through the lam at the bottom but only if the gown is long and so my choic near near the body an move likely freely.

Night-ewas that open all the way down the back size work. The two edges can be spread up at so the "win went be under the baby and have to be changed by ty time be go swet. (It is baby sleeps on his stomach the might-ewal can be part or with the opening in the front it. Of course a draw time, and be used when the jown is spread apart this way.

You can make or buy a sleeping, ament that will tree you from concern over your baby's getting uncovered in cold weather. It should be out lake a very loose long anglam sleeved amono with the bettom eved up and a zipper or snaps up the front. (A partly wor blanket is excellent for this purpose.) With such a garment over his in the clothes a baby needs no other covers.

Be sure that the gument—made so that the baby can roll over move about freely and stand up when he is old enough to. Make sure that whatever garment you make or buy does not tend to bind at the throat when the baby twists from side to side. This is particularly important

Another way a baby can be kept warm without tucked in blankets is by having a sweater on over his nightgown, and having on either an extra pair of waim sleeper pants with feet, or a soft shawl or blanket folded and pinned around his body under his arms

CLOTHES FOR THE OLDER BABY

A creeping baby needs great freedom for reaching getting wound on hands and knees and trying first steps. So that he can have this freedom make or buy his clothes so that there is extra room in such places as the crotch and the armholes.

Overalls get in a haby s way less than dresses. Those with fasteners in the crotch go on and off casily and illow changing the diaper with out taking them off. Those that can be laid out flat for moning are time saving but it a even better to use materials that don't need moning like corduroy and seer ucker.

Overalls or leeper pants will protect the babys leg when he creek over rough surfaces

Dresses frouch seldom used should allow the dom for a tivity and should be easy to put on and take off. No training should be used that can seratch or arreate the baby's tender skin nor should baby a die se eyer be starched.

OUTDOOR CLOTHING

Whether voir beby is born in summer or winter for ever 1 neach be will need no outdoor perment other than blankets or a bunting

If it is cold weather when your baby is old enough to sit up he will need a woolen play suit or coverill. This should be plenty large as clothes are varieties they are loose enough to leave in an space around the body. Also your baby at this are is not active enough to do any thing toward "expany himself warm buch a gainness needs to have big armholes and sleeves big enough so that the baby's arms go an easily when he's wearing a sweater.

A knitted outdoor suit gives a baby more freedom to move around than one of woven material but it a not very warm and doesn't keep the wind out. Combined with a wind breaker type of cotton moisture resistant garment outside a knitted suit can be very useful. It is easier to wash than a woven woolen suit.

A warm woolen cap or hood that covers the cars is necessary in cold weather. In mild warm weather a baby needs no head covering, but on very hot days he needs a cap or light bonnet if he is going to be in the sun



SHOES AND STOCKINGS

Even in cold we other a young baby who is still wrapped in blankets has no need for stockings or shoes

Before a biby swalking his shoes can be soft ones. They are needed only for protection to keep his feet from being scratched by rough floors or ground. It is good for him to go barefoot when he walks when the floor where he plays is clean and free from splinters, and the ground is free from tublish glass or other dangers. Exercising his foot mustles strength one them naturally and avoids trouble later on

If you accide shoes are necessary when you buly suit wilking pick out his hoes with the good development of his feet, and of his pesture in mind. They need to have firm but flexible soles that hi the outline of his foot, which is straight along the inside. The soles should be heel less and rough enough so that the buly will not slip. If shoes or flooract slippery, a baby may get to be afraid of trying to walk.

The upper part of the hor should be of soft and yielding leather Shoes should fit singly at the heel but be broad and roomy at the tor Your baby's shoes when bought briefly be about a bilt inch longer than his foot and at least one fourth inch wide at the toes. Notice the thickness of the biby's instep and toes and se that the shoes have plenty of space above and below them. This is very important; sometimes shoes are right in the shop of the ole and in length and width, but are not light enough at the instep and toe. Check the fit of the shoe carefully and often to see that the baby's toes are not crowded as his feet grow. This must be done often because his feet grow fist. As soon as his toes come within one fourth inch of the end of the shoe longer shoes should be bought.

Your baby will outgrow his shoes very rapidly in his first yetr so you need not buy expensive long weiring ones. If he wears shoes by the time he is eight months, he may need a new pair almost every month, from 15 months to two years he will need a new pair every two or three months. Parents hate to throw shoes out when "there i still a lot of wear in the n," but when they realize the lasting damage to the feet that out grown shoes can cause, they make a great effort to keep the baby supplied with shoes that hi

Examine your baby's feet often to see whether there is any thickening of the skin or any pink, red, or darkened places on his feet, as these may be due to pressure from shoes.

When the doctor gives the baby a health examination ask him whether the baby's shoes are the right style and size.

Your baby's feet grow fast, so you will need to watch to see that the socks you put on him are not tight, and do not cramp his toes.

16BATHING YOUR BABY

We give babies baths to keep their skin fresh and clean, but they get something more than that out of bath time, and so do we. Bath time is an occasion for getting acquainted with your baby, for playing with him, talking to him, and, when he gets old enough, laughing with him while he kicks and splashes.

A baby needs to rest for 12 hours or so after birth, without being disturbed any more than necessary. He does not need a bath for several days. The white substance that covers him when he is born protects his delicate skin. It will wear off, so you need not remove it, except to wipe it from his face and the creases of his body. This can be done very gently, with cotton dipped in mineral oil. Oil can also be used to clean the baby in the diaper area.

Until the cord falls off and the navel has healed, a baby should not have a tub bath. He can be sponged off if he needs a bath. Some women like to keep on with sponge baths for several weeks, even after the cord has fallen off.

On a day when you feel unable to make the effort, or when the house is cold, it is all right to skip the bath. But usually, after he is a month old, you will want to give the baby the comfort of a complete bath every day. In hot summer weather sponging your baby off two or three times a day will keep him much happier.

Your baby will be more comfortable if he has a complete change of clothing every day whether or not he had an all-over bath.

Before a feeding is a good bath time, and long enough ahead so that the baby won't get too hungry before the bath is over. A baby should not be bathed within an hour after he is fed, for fear of some spitting up

Pick out a place where you have plenty of space to lay out the baby's clothes and the bath equipment. The room should be warm and free of 'drafts, but not so hot that the baby perspires. You will find a table of chest of drawers set apart for the baby's use a great convenience. A waterproof cover may be tacked on it, and a pad kept there to lay the baby on while he is being changed.

A large washbasin, a dishpan or a small oval tub will do as well as a folding tub with table attached. You will not find it easy to bathe a young baby in the family tub. It requires too much stooping

If you want to stand while bathing the baby choose a place to set the tub that is high enough so you will not have to bend over. (The kitchen table or sink may be about the right height for his tub. An advantage of giving the bath in the kitchen is that it is sometimes heated when other rooms are not.) If you use a table to set the tub on, be sure it is firm and set against the wall. The same is true if you use a folding tub. This will help to keep it steady and be some protection against the baby's rolling iway from you when you lay him on the table.

Get everything you will need ready at hand before you begin to undress the baby. As he must never be left alone on the table or in the tubthis is important.

These are what you will need to get ready

WASHBASIN OR BATHTUB
MILD TOILET SOAP AND SOAP DISH
FOR BABY S USE ONLY
LARGE TOWEL (FOR YOUR LAP OR TO
LAY ON THE TABLE)
BATH BLANKET
ONE TABLESPOONFUL OF WARMED
OIL IN A SAUCER
PIECES OF ABSORBENT COTTON (IN
JAR WITH COVER)
PAPER BAG FOR USED COTTON
PAPER BAG OR HAMPER FOR SOILED
CLOTHES

PAIL OR NEWSPAPER) FOR SOILED DIAPERS

EXTRA SAFETY PINS (IN A CONTAIN-ER OR STUCK IN A CAKE OF SOAP, P. ACED WELL BEYOND THE BABY'S REACH)

CLEAN CLOTHES AND DIAPER FOR DRESSING BABY AFTER BATH WASHCLOTH (OF OLD SOFT LINEN OR SEVERAL LAYERS OF CHEESECLOTH) SAIALL TOWEL TO LAY IN TUB SOFT TOWEL TO DRY THE BABY WITH

GIVING A SPONGE BATH

You and your doctor may decide on sponge baths for the first few weeks as the best procedure.

Before beginning the bath, I lace the basin or the bathtub toward one end of the table on which you will dress the baby or have it near the table so that the baby can be easily moved from one to the other

The water for the baby's bath should be lukewarm (about 100° F) Teel the water with your elbow. If it feels neither hot nor cold, it will be right for the baby.

When everything is ready for the bith, undiess the baby, leaving or his diaper and wrap him in his blanket

Use a soft washeloth without soap to wash his face. His eyes and cars do not need any cleaning beyond what they get when his face is washed. Use only a soft washeloth wrapped around your finger to wash his ear-

Once in a while you may find your baby's nose has a little mices in it that needs to be got out. To do this, twist a small piece of cotton moisten it slightly with water and clean the opening of the nostrilusing a twisting motion. Do not push it up his nose and keep a firm hold on the end-so that it cannot get out of reach it he gives a sudden jerk. Never use cotton twisted onto a stick or toothpick. It might my the delicate lining of the nose

A baby's mouth does not need to be cleaned. The subvit always being produce I in it keeps it clean.

Next wish his so dp. You e in do this easily without getting soap in his eyes. Rub a little soap on your wet hand, and so over his scale thoroughly, then holding but up with he held over the side of the beam or tib dip the washeloth into the water and rinse his s. Ip with ele i water. Pry his face and head gently with its fit towel. Do not be attach to wash the top of his head thoroughly. The soft spot, or font nels not really soft. Its covering is ough (See Fontanel p. 11.)

By daily care you can prevent cridle cip. This is a press looking crust that sometimes appears on the top of a baby, head. It is forms tub in petroleum jelly or mineral oil each might and remove the cast and wash his head thoroughly in the morning.

After the baby's head, washed anwrap the bath brinker and take off the desper. It his buttock are soiled clean them with cotton dipped in oil or water.

Now go over the baby's body gently using a little soap on the wich cloth. Be sure to wash the creases in his neck and aims between fingers and toes in each groin, and in the navel.

If the baby is a girl push apart the tolds of the vulva (the outer parts of the genital organs) and wash carefully

In baby boys who have not been circumcised, the foreskin is usually tight in the early months. In bathing the baby, it show a not be forced back farther than it goes easily. It may be many months before the foreskin loosens up. To encumeise or not is usually a matter of choice. You can talk it over with your doctor.

After you have washed the baby's body, runse it carefully, using a washeloth dipped in clear water. (A second basin of water is useful for this) Be careful not to leave any soap anywhere on his skin, especially in the creases and folds, as it might cause irritation. Some days you may want to give him a bath with clear water using no soap at all

When the bath is finished, dry the baby thoroughly by patting not rubbing, and diess him

GIVING A TUB BATH

When you give a tub bath you will find it simpler to wash and dry the baby's face, held nock and ears before you put him into the water You can if you like wash his body ill over with a soapy washeloth before you put him in the tub and only rinse him in the tub or you can so ip him in the tub. Do not use so much soap that the baby's body will be slippery

A towel laid over the tub and let down into the water will help you to keep the beby from suppin. He may like the feel of the cloth better than the smooth tub too

It is worthwhile to see that your baby satisfactories in his bathfub is pleasant. Put him an slowly, If he becomes frightened at may be a long time before he loses have and enjoys his faith.

You might start with just a little water in the tub, and wash only his leg, and feet after you put him in. If he show no fear you can wash him all over while he said the tub, the next day. When he thoroughly enjoys his bath you can use more water in the tab.

AFTER-BATH (ARE

If your biby tends to chife or leve disper vish oil or a lotion suge ted by your doctor is usually better than powder to put on him after his bath. Put a few drops of oil or lotion in your hand or on a piece of cotten and pat it into the creases and folds of the baby's skin. In hot weather, powder or lotion is better than oil.

If you is e powder do not use much is it may cake and irritate the skin. Shake a little powder into your hand, or onto a piece of cotton keeping the powder can well away from the baby. Wipe off extra powder especially in the folds of the skin. Take care that the baby does not breathe in any powder. Breathing powder into the lungs can cause your baby scrious illness.

Do not let the baby play 7th the powder can even when you think it is empty. Talcum powder is suitable for a biby but do not use a powder containing stearate of zinc.

SUN BATHS

When the sun shines on your babys skin it does more than tan it The ultravioletries of the sun make vitamin D in his skin, and the vitamin D helps the baby's food to build straight bones good teeth and strong muscles. To do this the sun must shine directly on your babys skin as ultravioletrias court pass through clothing except when it is very thin or loosely woven. Smoke or dust in the rankeep or lot of the rays out and window glass does not let them through

It is only in the tropical and subtropical parts of the country—Pucito Rico and the extreme South and Southwell for example, that babics can get known his high hit throughout the verito a verb middle of the vita min D they need

When he is a few weeks old be in to give your billy in both when it is varing enough for him to be condetiable in the in the inches without clothes but not unduly bot. In starting sum bit in in more that a baby's skin is diluted and burn easily. At fact type and a small part of your baby's body and fin not more it in five manate. You can be simply the exposed to it about two minute. Donger each did until he is getting a half hour unbith. Jurn him control it ally and keep him fixed away from the sur. Be suched doesn't get un out it ably hot.

If your baby is far with thin white skin be eper Pseucetal Hiskia will luri more early. All I abies ben fit tren the achimentation do not tan

For much similable can be harmful even after all also king tanned

Be especially carried about sunburn if you — to a leach or lake hore let the buby stay in the sun for only very short periods of time the first few days. When the intensity of the sun array is a clided to by their reflection from the water send in an hipp usquesty and before you realize it - especially with a buby siskin.



17

HOW YOUR BABY DEVELOPS AND LEARNS

Just as no two babies look exactly alike, so each one is different in disposition, in activity, and in the way he responds to people and things. Some babies are livelier than others from birth on, wiggling, kicking, seldom still a minute when they are awake. Others appear to have a more calm, placid nature, shown by their quieter behavior. Some seem especially sensitive to sounds, others to light, to color, or to pressure on their skin. Some seem more cuddly than others. One baby will be fussy and restless before dropping off to sleep, while another lies quietly looking about until sleep comes. Hunger seems to show up more strongly and rapidly in certain babies.

YOUR BABY AS AN INDIVIDUAL

So--chubby babies, lanky ones fair ones and dark ones all have their own personality traits, as individual as their looks. To a close observer, these differences are as striking and special in babies as they are in much older children.

Some individual differences, like liveliness or placidity, are truly inborn, and not the result of anything that nappens to a baby after birth. This has been shown by following the lives of children from birth almost to adulthood. Some of the personality traits that show up in early infancy, like quickness of movement, or great bodily energy, turn out to be as noticeable in adolescence as they were in babyhood.

A baby's father and mother are in a better position that anyone else to notice the things in their baby that make him an individual. If they notice the ways in which he is different from other babies, they will have more fun out of watching him grow than if they are expecting him to smile, and to coo, and to double his weight at the same age that another baby they know has done these things.

WHAT DOES IT MEAN TO DEVELOP?

A baby grows in size, in height, and in weight, but this growth that

you can measure in inches and pounds isn't all that's happening. He's making progress in what he does with his mind and body, like trying to get hold of a toy, and holding up his head. He gains in understanding and in being able to use his eyes and ears and fingers. This is development If he were only "growing" in the sense of getting larger, he would never learn to walk or talk

When he learns to handle a toy, to creep, to make sounds that have some meaning, he does these things because he's becoming more mature day by day. His muscles mature as well as grow in size, their nerve connections with his brain mature, so the brain can send messages to his aims and legs.

The things he sees and hears begin to have some meaning to him. He shows that his brain is at work when, for example, he stops crying when he hears his mother's voice, or sees her get his cap and coat

Part of a baby's development depends on things outside of himself so a baby left to lie in his bed all the time with little attention doesn't develop fast. He isn't alert because he has so little to stir him or rouse him. There's nothing to interest him—so there is no response.

Another part of his development comes from within, babies are born with a strong impulse to do to use their senses to try out their powers Parents cannot "make" a child develop my faster than he will naturally But they can give him surroun lings and one that allow him gives tree dom for using his abilities.

EACH BABY SETS HIS OWN PACE

No two habies develop at the same rate. I ach haby sets his own pace he doesn't follow any timetable in a book in what he learns and does

There's one thing you can be sure of though the untolding of your baby's bodily powers will follow the same general order as that of all human beings. In other words no baby ever walks before he can sit up alone. Development follows a pattern. So instead of looking for a trace when certain things will appear, look for the order in which to expect them. And forget about comparing him with other babies. Remember this baby of yours is an individual!

Here is the order in which you can expect some of your baby's gains in control of his body during the first year. But your baby may do some of these things weeks earlier or later than the times shown

Lifting his chin when lying on his stomach is about the first sign of his beginning control of his muscles. Some babies do this within a few days after birth.

The first real smile (not just twitching of his face muscles that looks

like a smile) may come any time between three weeks and two months, usually when he hears someone's voice. Before this he has shown that he enjoys companionship by quieting down from fussing when he's picked up. But at this stage he can't tell his parents from other people by sight.

Lifting his chest when lying on his stomach comes around two months. Before this he enjoyed being held up where he could stare around, even though he only vaguely saw moving objects. But now his curiosity and interest in things around him are beginning to be strong.

Along about one-and-a-half or two months, a baby begins to **make sounds** when lying awake in his crib or when he is held. He coos and gurgles and seems to like the sounds he makes.

Turning his head in the direction from which he hears voices comes about this time, too.

Wolding his head up when you pull him up by his hands to a sitting position comes between two and four months. Before this his head has fallen back or wobbled. Now the neck muscles are growing strong enough so that he can hold his head up when he's carried.

Reaching for and grasping an object dangled in front of him comes between four and six months. He plays with his hands before this, and holds on for a moment to something placed in his hand. But he has no real use of his hand until he manages to reach out and take hold of a toy.

Laughing out loud $com\epsilon$ s at about feur months. He is noticing people and responding more and more to them. As yet, though, he isn't much affected by being in strange places, seeing strange faces, or by being left alone in a room. By the time he is five or six months old, he is quite conscious of these things. He knows his mother's voice, and he recognizes his friends. He shows a lively interest in other children. He may act suspicious of strange adults, or even of persons he knows but has not seen recently. This shy period is often over before the end of the first year.

Rolling over all the way from back to stomach usually comes between five and seven months. A baby rolls from his side to his back, or from stomach to back, before he can make the harder move from back to stomach.

Sitting up is the next big achievement, reached commonly between six and eight months. Before this, he enjoys sitting propped up with pillows, but his back is not developed enough for him to sit alone, even for a moment.

Crawling often begins after babies can sit alone. They get around

by hitching, going sidewise, creeping, rolling, or even going on all fours. A few babies never go through the creeping stage. But between seven and nine months, most babies are so eager to move about that they find some way of doing it.

The use of his hands gradually becomes easier to him. He splashes in his tub, crumples paper. He imitates you by putting his hand over his eyes to play peek-a-boo, and waving "bye-bye." He wants to help hold the cup he drinks out of.

When you hold things straight in front of him, he may begin to reach for them more with one hand than the other. If he seems to use his left hand more, this does not necessarily mean that he is going to be left-handed.

Many babies use both hands about equally for a long time. You can encourage the greater use of your baby's right hand by handing things to him on that side. But if he turns out later to use his left hand more, let him alone. Trying to get him to change may mix him up.

Pulling himself up to a standing position by a chair or in his pen is a necessary part of getting ready to walk. It most often comes about nine or 10 months. At first he's likely to howl for help in getting down again, as he's timid about sitting down with a bump.

Walking with help comes along shortly after; he loves holding onto someone's hands and touring around the room. Slipperv floors, or rugs that skid, may make a baby very cautious about going from this stage in his progress to the next.

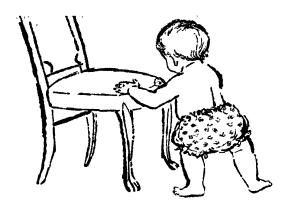
Standing alone, walking alone, may appear before the end of the first year. But most babies do not walk alone until later, when they are 14 or 15 months old or more. Big, heavy babies may not begin even then. If a baby looks bowlegged when he begins to walk, it simply means that his legs have not yet straightened out. It's nothing to be concerned about if your baby has been getting an adequate amount of vitamin D.

There is a great variation from one baby to another in the time they are able to do these things. No one should try to burry a baby into doing something he is not ready for, like urging him to stand, or to walk. We can give him freedom to do all he's able to.

Saying a word or two comes before walking for some babies, and afterward for others.

YOUR BABY'S TEETH

A baby's teeth begin to form about six months before birth and keep on developing during his whole childhood. Nearly all of the first set the "milk" teeth—are already partly or wholly hardened at birth. The



tirst teeth usually begin to come about the sixth to the eighth month, and the last of the 20 of his first set have appeared by two-and-a-half years.

Many one-year-olds have six front teeth, though some healthy babiehave only two. If your year-old baby has no teeth at all, talk to your doctor about it.

The age at which an infant's various teeth come differs; the order in which they come, however, is the same for almost all babies. First the two lower front teeth; then the four upper front teeth. After this, it is usually some months before more teeth come through. Then two more lower teeth appear in the front of the mouth. In a few months two teeth appear in the lower jaw—one on each side—near the back; then two in the upper jaw, opposite these. I ater four eyeteeth come through—two upper and two lower. After a while the four large back teeth come through, and then the temporary set of teeth is complete.

The permanent teeth begin to form during the last months before birth and during the first year of life, though they do not come through the gums until later. The first four of the permanent teeth come during a child's sixth year. Whether these, and the others that come during the next few years, will be strong and firm depends largely upon the food the baby gets while they are forming. To chew properly a child needs good permanent teeth—straight, strong, and regular, with upper and lower sets meeting. To have these his baby teeth must be kept in good condition. For his baby teeth do more than chew his food; they hold his jaws in shape so that the permanent teeth will have plenty of room.

PROTECTING THE TEETH WITH FLUORINE

There seems to be some connection between strong teeth and the presence of fluorine in drinking water. Some communities, where there is no fluorine in the water, add it to the water supply as a safeguard.

Children whose teeth are protected by several applications of fluorine from the time they are three or so until they are grown, have much less tooth decay than those whose teeth are left untreated.

THE AWAKENING OF MEMORY

The first time an infant throws a toy on the floor, he may pay no more attention to it. But soon the day comes when he looks down, curious to see what became of it. He's remembering.

His memory is still very short, though. For example, a baby remembers inoculations he has during the first six months only temporarily, and won't be fearful the next time he goes to the doctor's office. Later, as he can remember things longer, he may cry at the sight of the doctor, or of the needle used in giving injections.

The sounds around him come to have more and more meaning. He knows when you are getting his food ready, from sounds in the kitchen. Gradually he begins to connect other sounds with certain happenings: the clink of bottles means the milkman; he can tell when it's his father's car that turns into the driveway.

There comes a time when he can recognize his own name, and turn his bead when it is called. Pretty soon he will follow your directions to give you his ball, or put the blanket over dolly.

He has always enjoyed rhythmic movement. From the early pleasure he had in being rocked, he goes on to making his own rhythms—bouncing in his carriage, and swaying his body back and forth to music. He is delighted to have his father dance with him in his arms. When he rides in an elevator, his sense of balance may be disturbed enough so that he clutches at you tensely.

HOW TALKING REGINS

Long before he uses actual words he will "talk" to his doll, or "read" a newspaper in a jabber that obviously pleases him. From this make-believe talk he goes on to imitating sounds. He loves to be talked to, and sooner or later he'll begin to repeat after you double sounds like "ba-ba" when you ask him if he wants to go "bye-bye." No one knows just why babies double up sounds like this, but they always do.

A baby's first "ma-ma" and "da-da" sounds are not efforts to say "mama" and "daddy," as people often suppose they are They grow to have these meanings only because parents act pleased when a baby happens on these sounds, and eagerly repeat them to him over and over. Very similar ways of saying "mother" and "father" have come about in many different languages because these sounds are among the first ones

that are natural to babies, and are easy (and rewarding) for them to say. By the end of their first year, some few babies have one or two words or expressions that can be understood by people other than their family. When they can get across ideas to others by words, even to this extent,

A BARY GROWS IN UNDERSTANDING

we say they have begun to talk.

Many people aren't aware how early babies understand that they are being talked about. They say such things as: "He doesn't like oatmeal." or "He won't stay in his room alone" in the baby's hearing. Babies catch on well before they are a year old to the "feeling" part of what we say about them. To talk about a baby's not eating, or refusing to lie down when he's put to bed, may encourage the very behavior we object to. Comment on a baby in his presence if you can praise his behavior, but steer away from talking about his undesirable acts as if he were deaf.

YOUR BABY LEARNS AS HE GROWS

One of the first things your baby learns is that you are there, that he can count on you to look out for him. This is why it is important to satisfy a baby's needs promptly. It starts him off with a good feeling of safety and trust.

One of the early ways you will notice your baby is learning is when he begins to imitate what you do. If you're holding him while you telephone, he tries to babble into the receiver. Or, he may turn away from some food you're giving him if he gathers from your expression that you dislike it.

The more things you can make him glad to copy, the better. For things that are pleasant are learned faster than those he doesn't enjoy. If you smile while you dress him, and sing a song about "Here's a leg for a stocking, and here's a leg for a shoe" he may forget to wiggle.

Almost everything you do to or for your baby can be done in a way that will keep him happy while he is learning.

A baby's surroundings should give him as much freedom as it is safe for him to have, but he has to learn that he cannot always have his own way. There are many times when he must give in to the circumstances: like having a gate at the top of the stairs, being bundled into his outdoor clothes, or waiting while his food cools. But for the very reason that so often, every day, a baby can't do as he likes, we have to be careful or these experiences of being thwarted pile up. If they do, they may lead to his feeling that he must always resist us. We don't want him to grow into a person who takes for granted that his wishes will be denied.

who always has a chip on his shoulder. Start planning for his future now.

To avoid this, parents try to protect babies from unfair temptations. Then there are fewer things they have to be corrected for. To head a baby off from doing the wrong things, we have to set limits on what he can do. We know that if we left him free to creep everywhere he'd get into trouble, so putting him in a play pen sometimes, when we're not free to watch him while he explores, is one way we set a limit.

learning by exploring

When a baby begins to creep, and to walk, you are likely to ask, "How can I keep him from getting into everything?" What you really mean is: How can you keep him from getting into the wrong things? In order to learn, babies must have a chance to "get into" a lot of things. For a long while they've had to be content with looking, and listening, and trying out a few things by mouth. Now their eagerness to learn makes them go after things that are out of reach.

A baby cannot satisfy his emiosity by just looking. He must touch things. He needs to leare that some things are smooth, and some are rough; that some are hard, some are soft; that some tear, and some don't. Shape, size, and other differences are only discoverable by handling them and mouthing them.

Some people disapprove of putting away things a baby shouldn't have. They insist, "He must learn to respect people's property. Now's the time we should begin."

But a baby is capable of only very little orderstanding. His impulse to explore is strong. It's expecting the impossible to ask him to keep hands off things he can get at. Having his hands slapped and being told "No, no," over and over may end in his not touching things—when anyone is in sight. When he is alone, he may not be strong enough to resist. Being punished may also nake him afraid to explore and venture to do things that help him learn.

For desirable learning, we need to help a baby fine out by degrees what he can touch and what he can do safely. During this sometimes trying period we can keep in mind that soon he will be old enough to ask questions. Then we can satisfy many of them by talking with him and explaining things.

Gentleness and explanations are more likely to be successful than cross words or slaps at his hands. Your job isn't to punish a baby after he gets into trouble, but to try to see that he doesn't get into it.

Babies' needs grow, along with their bodies. Sometimes we aren't quite quick enough to see newly appearing needs. If a baby bangs on a pol-

ished table with a spoon, he doesn't do it to damage the table. He was left where he could get at it, and he's just ready for hitting experience.

When we try to stop the hanging, the baby may cry angrily. If we do something to turn his attention, or satisfy his need, we may prevent the anger. If we punish him, we may make him afraid of us. Such happenings show how much we have to do with keeping our babies' feelings on the pleasant side. We want babies to have many more chances to express good feelings, like joy and affection, than anger and fear.

It's very seldom that a baby under a year does anything he knows he shouldn't. Things he does that we are tempted to call "bad" are not really that. They are just natural. He hasn't reasoned it out that a dish will break when he pushes it off his high chair. When a child as young as this screams and kicks it's not naughtiness, but the only way he knows how to act when he can't have something he wants.

If we begin to call him "bad," all we do is to make him feel more unhappy and upset. He knows what "bad" or "naughty" means from our tone of voice. It hurts him. When he breaks his dish, it can remind us not to leave it on the tray of his high chair. That's our job so long as he doesn't know that things can break.

A baby's attention can't be held for long by one thing, so it's simple to switch his interest to something new-hand him a toy and talk to him a minute, or pick him up and had something new for him to do. Diverting a baby's attention can be used over and over again to keep his learning on the happy side.

If your baby sees that something upsets or unuses you he may do it agains especially it it's the only way he can get your attention. So it's better to notice the things you want him to do than those you don't.

how your baby learns to love

A baby's first pleasure comes from having his need for food satisfied. He connects his mother with this pleasure, so his first feelings of expecting good things go out to her. He feels happy and secure because of her care. In this we see the beginning of his feelings of affection and love.

From his parents (or whoever takes the main care of him) his affection begins to spread to others around him. His capacity for love grows as he grows in understanding, and in ability to express himself.

He needs to feel the love of others to help him express his own. When the people around him make him feel the toy they take in him, he learns to show the joy he takes in others. It is very easy to show our tender feelings toward babies. And a baby who knows he is wanted has every reason to begin growing into an outgoing, loving person

helping your baby to manage his angry feelings

When will your baby be most likely to show anger during his first year? When you have to restrict his activity while you dress him or wash him, when he has to wait for his food, or when he wants something he can't have.

These are times when he feels thwarted. All through life the natural thing is to feel anger when we are thwarted, or when our freedom is interfered with. So it's an important responsibility for parents to help babies learn to manage their anger.

When a baby doesn't know what else to do, he flies into a rage. He can't help it; his body must get rid of the extra energy that anger has stirred up in it. He has no other way than the natural one of screaming or lashing out.

We can help in two ways. We can keep down the number of occasions when he's severely thwarted and, when he must be, help him to learn better ways of managing his anger than by kicking and screaming. This can only come gradually, as he grows. Offering just a little help when he gets in a pinch—like turning right side up the wheeled toy he's tipped over—will give him a hint about how to go to work on a problem instead of getting angry.

By keeping a haby's days simple, we cut down the number of times he gets angry. Some ways of preventing anger are: Dress him quickly, don't keep him waiting long to be fed or changed, give him only those toys he's not likely to have trouble with. Keeping him out of trouble is much easier than smoothing things over afterward.

When we first see temper in a baby, we should remember he's going to need this force in his life. He'd be easier to handle if he always gave in to us, never showed a will of his own, but the energy anger arouses will help him overcome obstacles—if he learns to use it.

Anger can be fruitless and exhausting. A baby who gets so angry he bangs his head on the floor or holds his breath is not learning a good way to get out of trouble. But he may be learning to get what he wants, because he frightens his mother.

Breath-holding itself is simply an expression of anger and really nothing to be concerned about. When an angry baby holds his breath until he is blue in the face, no wonder his mother is alarmed It looks as though he would injure himself. But he won't.

When a baby's lungs need more air, he has to take a breath. His body's reaction is automatic, beyond his control. So don't worry if he holds his



breath. What you do need to be concerned about is not letting him have his own way when he shouldn't.

Perhaps breath-holding would rever happen a second time it a baby's mother simply turned her back and walked away when her baby began to hold his breath over something she couldn't safely let him have or do. Quickly turning his attention to something interesting is another way to handle it without strain.

A baby who bangs his head on the floor in his angry moments won't injure himself. Like the baby who holds his breath, he will stop sooner if he has no audience.

Frequent show of temper in a baby should serve as a warning signal to his patents. They might ask. "Is he being told 'No! No!" too often? Being opposed too much? Are we giving enough of ourselves to the baby? Do we put more effort into taking things away from him than into finding things he might learn about through touching, tasting and handling?" Another thing you may want to consider is whether someone is hurrying to pacify him at every least display of temper. It won't hurt a baby to get rid of his unreasonable temper by crying a little but punishment for anger only makes him crosser.

Even in his first year a baby is beginning to form patterns of behavior. The way his natural explosions of anger are handled can incline him to feel and act rebelliously, or like the good-humored child you want him to be—to, his sake as well as yours.

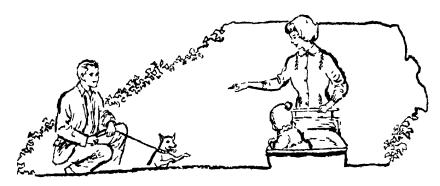
PREVENTING FEAR

A baby under a year 1-n't often exposed to things that will make him afraid. But we do want to prevent the kinds of happenings that can produce fear, for he doesn't have any fears when he is born

Being left to wait a long time to be fed when he is hungty may make a baby anxious. He needs the assurance that someone is looking after his wants. If his experiences with his mother and father are happy, the feeling that people won't let him down will spread to include others.

Fry not to let anything happen to make your baby afraid in his bath Shipping or getting water up his nose having the impleasant surprise of having the water too hot or too cold are the kinds of things that might lead to fear

At first babies don't know enough to be afrind of anything in their surroundings. A baby may try to pat any dog. In protecting babies from danger we try to strike a happy medium, not to make them afriad unnecessarily. We don't wint them to be atrained if ill dogs, on we keep them where dogs can trighten them by jumping at them playfully. We have to use caution, and not search a baby into a fear that may list a long time.



Even in early intancy babies jump at very loud or unexpected noises. Later noises like that of a vacuum cleaner or a fire engine may arouse fear. There is a mystery about what makes a vacuum cleaner whine (A noise he can make himself and knows the origin of, doesn't bother him a bit.) We can't explain frightening noises to a paby, so about the best we can do is to give him what sympathy and reassurance we can, if making a game of turning the noise on and off doesn't amuse him. Also, we can sometimes plan to use the vacuum when the baby is asleep

or in another part of the house where the noise isn't enough to bother him

This tendency to be alraid of sudden unexplained things accounts for older babies' fear of strangers or even of persons they know whose appearance is changed by nats or glasses. If illoween masks and costumes often cause fear in babies and young children too. While a child is too young to understand explanations, he needs to be protected from startling new experiences, is much as possible.

Adults ought to know enough not to expect a baby to wint to come to their immediately. It they stay it a distance and wait for him to look them over he will often be ready in a little while to be friends. When a baby holds back to should not be friced to go to someone even it it is his own prindmother. People often feel hait over this kind of finidity, not realizate that is a notable stage babies to through it is one they get over much more quickly at they are not inged or lorge.

Parents who live when after do not have rainy visitors sometimes need to take pain to arrange for their body to see o tsiders often enough of that he does not become paratully live.

Because babies pick up the fear their nother have mothers can help to prevent fear in that children by it teems touful. Fear of abunder and I when is common even among rownups. A mother who is determined to get ever any ach terral dain, her children good turn. If a baby in a her an alread of mace or thunder or the dail, he won't be lifely to be either.

Occasionally a behy will seem to ital of ben a left done in the dark. Babies are not naturally alread to the dark to this is ally means that something has happered to disturb the bely valide he was alone in bed, or that he has had a had dream. (We don't know for early below be an foldium.) All we could be no comfort him and leave his door open or a little lant on in the root where he sleep, until he gets over the timadity.

If a baby is disturbed by he mather's going two from the house maybe he hasn't gone tway eften enough. A baby houldn't become of dependent on his mother that he can't bear to have her out of his sight. A mother is sometimes tempted to go tway without letting her baby know she is going because he cross when he sees her stare to leave. This doesn't mean hell be miserable. When his attention is districted hell forget and play happily provided he swith someone be known and likes. A mother whose baby has become fearful of her absence may be able to change his feelings and make him feel safer by going, tway for only very short times, an horr or least first. It she never slips away with out letting him know he learns to trust her to come back.

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WHEN IS IT TIME FOR TOILET TRAINING?

When someone tells you her baby was trained at a very early age you can be sure it is really she who trained herself to recognize little signals that meant her baby was about to have a movement. Or her baby hap pened to be one whose bowel movements carrie at quite regular times earlier than most babies' do

Anything that seems like control in a baby inder a veir old will be because you have remembered to put him on the toilet

Why stress this so much? Because you can so easily make trouble for your-eff and the baby if you start training too early

If you don't expect too much of your baby, you won't make him feel like saying or acting "No!" to everything you ask of him. To control his bewels is one of the first ways we begin to ask that a baby contorm to our customs. We can make a good start or a bad one. We can be so easy-going he wants to cooperate or we can make him feel like objecting to almost everything we isk of him.

A baby's body gets rid of its wast products automatically. His body works mechanically, from swallowing to emptying waste. Only very gradially does his nervous system develop enough so that he can consciously have a bowel movement. He does not really "learn" to do this until his mind i mature enough so that he can make a connection between his feelings, and the special place where his mother wants him to hieve himself. All of this takes time.

ROWEL CONTROL COMES FIRST

How can you tell when your baby is ready to learn? Wait for these things:

- 1. When he is old enough to understand what the toiler is for He learns this gradually by seeing others in the family use i.
 - 2. When his bowel movements come at fauly regular times.
- 3. When you have learned the little signals (like staying very juice for a minute or so, pushing or straining, with a reddening of his face)

that tell you he is ready to be put on the toilet to have a movement.

4. When he consents willingly to sit on the toilet.

Many babies are not ready to start learning bowel control by the end of the first year. One-and-a-half or two years is a much more likely time for them to learn willingly. If a child is not forced, control takes place very quickly when it does come. A few babies have unusual ease in adapting and have few accidents after they are a year old.

Make sure your baby feels easy about being put on the toilet. A low toilet seat over a pot is less likely to make a child fearful than one that is perched up on top of the family toilet. Some babies are not afraid on a high seat if it has a stout back, arms, footrest and straps. But others resist being put on them. Whatever plan you use, be careful not to trighten the baby.

Let him sit on his rollet chair only a few moments the first few times—and then only if he is willing to go along with your idea. Take him off soon, even though he doesn't have a movement. As he gets used to his new seat, you can keep him on a little longer, but never more than about five minutes. A baby finds it very hard to sit still, and you don't want bim to get to hate this new routine.

Much of the trouble mothers have in helping their children learn bowel control (and later, bladder control) comes because the babies get the idea this is a battle. They may do this because their mothers feel it is so important for them to learn, and are so insistent. This is once when a baby has the upper hand. No mother can make her child move his bowels. But a mother who refuses to have a battle over toilet training can be pretty sure that once he has caught on, her child will learn without much trouble or resistance.

A lot depends on her not letting him get to feel that this is a hateful bore. And on her not being in a hurry to get him "trained." Just keep in mind that your baby is an individual, and is different from every other baby in the time he is ready to learn bowel control. Occasionally a baby who is not yet a year old learns very quickly, and responds well. Again, it may be just a matter of chance that a baby moves his bowels when he's on the seat.

If you act pleased when he happens to have a movement in the right place, he may get the idea and perform again the next time. But remember, for a long time to come, the right place and time for him to have a bowel movement will be when and where he needs to.

So go slow. Being in a hurry to get a baby "trained" rould cause a lot more trouble than dirty diapers. Even a slight illness may cause the baby to lose any control he has, so that you may have ' start over.

When he gets to the creeping stage, he needs to be right down on the floor at times, where he can move where he lives. But a baby can't be allowed to roam all the time, and a play pen offers a happy answer. However, a baby who is just dumped into a play pen and left there alone has a right to get bored and cross. Provide your baby with enough to do and see, with you in sight now and then, and for many months he will be contented in a pen for an hour or so at a time.

A baby finds another value in a play pen when he begins to try to pull himself up. The top rail is just right to grasp when he stands, and he can get safe practice in taking steps while holding onto it.

The bars of a play pen need to be close enough together so that the baby can't get his head caught between them. The floor of the pen should be raised several inches from the floor to avoid drafts, and to protect the baby from damp ground when the pen is used out of doors. Before a baby can walk, he needs a soft, washable pad on the floor of the pen.

If a play pen is not possible, a corner of a room may be fenced off with chairs, or even a table laid on its side. The baby may be protected from drafts by a blanket fastened to the chairs with safety pins or tapes. For an older baby, a corner of a porch may be fenced off for use as an outdoor play pen.

A low play and feeding table that has a seat built in so that the baby cannot tip over is a convenience. It you get such a table, remember not to let him sit in it long at a time. That would not be good for his growing bones. This is also a drawback of swings, push carts car seats, or any gadget in which a baby may be left sitting in a cramped position.

PLAYTHINGS FOR YOUR BABY

The first "plaything" your baby will enjoy may be a bit of smilght dancing on the ceiling, or the flutter of leaves he can see from his carriage. It will be something that moves, anyhow.

USING HIS EYES. A brightly colored rattle, or a string of garly painted spools, hung over his crib will entertain him before he can use his hands at all. He will get fun out of a rattle, hung where he can hit it by chance, long before he can grasp it and bang it purposefully. He likes red, blue, yellow and green-strong clear colors-better than pale ones. He's still too young for subtlety.

USING HIS MOUTH. As soon as he can real! hold onto playthings, he will put them in his mouth. Be very careful to puy or use only things that:

- 1. ARE LARGE ENOUGH SO THAT THE BABY CANNOT SWALLOW THEM.
- HAVE NO SHARP POINTS OR EDGES.

- 3. HAVE NO PARTS THAT CAN COME LOOSE AND BE PUT IN THE MOUTH, SUCH AS WHISTLES IN RUBBER TOYS, OR BUTTONS ON STUFFED ANIMALS. EASILY BROKEN BEADS ARE A MISTAKE, TOO.
- 4. WON'T MAKE HIM SICK IF HE SUCKS ON THEM, BE SURE TO ASK, WHEN YOU BUY TOYS, IF THE PAINT USED IS HARMLESS TO BABIES. SOME TOYS CARRY LABELS GIVING THIS INFORMATION.

Be careful that the string you tie toys to the crib with isn't long enough to get looped around the baby's arms or head.

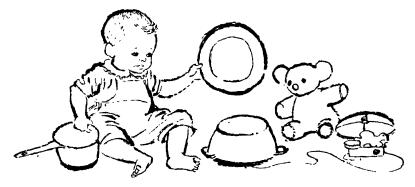
Don't worry for fear your baby will pick up germs from his toys. Most of the germs on the toys will be his own, and won't hurt him. If other children use his toys, wash them often.

Have a place to keep his toys so that they will seem freshly interesting when you get them out. Give him only a few things at a time to play with, as he will explore their possibilities better that way.

USING HIS HANDS. Older babies like things they can "put into and take out of," like a milk carton to put clothespins in and dump out again, or different-sized cans vegetables come in (the tops removed with a can opener that leaves the edges smooth). A baby enjoys the pans, lids, and pails he pulls out of the kitchen cupboard as much as anything you could find in a store.

tising his whole body. As soon as a baby wants to, he should have a chance to climb. He often learns to climb up and down stairs safely before he can walk. You may be surprised at how quickly he will learn to back down while you stand behind him. It you have no steps for him to climb, arrange a stout box or stool in front of a couch or armchair that is "his" to climb on. His great desire to climb is connected with his need to get ready for standing and walking, not just a way he thinks up to be annoying!

As soon as your baby is walking he'll like things he can pull or push around on the floor, like a little cart on a string, or something to push that makes a noise.



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OUTINGS FOR YOUR BABY

Being outdoors in the sunshme and fresh air is good for both you and your baby. However, on cold, dark, or very damp days the baby will be better off in the house in a well-aired room. On very hot days, the house may be cooler than it is outside.

Even when the weather is too cold or windy for you to enjoy going for a walk with the baby, there may be a sheltered nook outdoors where you can put him in his carriage or basket for his nap. The temperature in a sunny, sheltered spot is often many degrees higher than that in the shade.

On days when there is a high wind he may be better off indoors than outside, because of the amount of dust in the air.

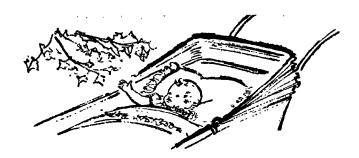
Don't let gloomy and overcast weather keep you from taking the baby out. Even though the baby gets no sunshine, such days are the very ones on which you yourself may need to get out for a change of scene.

In cold weather, for an outside nap or a ride, your baby needs to be warmly wrapped. He can't move around much, and so gets cold more easily than he will when he can run about. See that his ears, hands and feet are especially well protected. But do not put anything over his face, especially over his mouth. In cold weather the moisture from his breathing would collect on a searf over his mouth, and be very uncomfortable.

When your baby is outside for a nap or an airing, make sure that the sun is not shining into his eyes. You can keep the glare out of his eyes by arranging the hood of the carriage, or, if you are walking, by placing the baby with his head at the foot of the carriage, if need be.

If he sleeps outside for an hour or two, either winter or summer, you may have to shift the position of the carriage as the sun moves. Otherwise the baby might get too cold or too hot.

As your baby gets old enough to be interested in as surroundings, arrange it so that he has something to watch while he is outdoors. Such things as moving branches clothes flapping on a line, a whirligig fastened to the side of the carriage help keep a baby contented. It is no more exciting to



Le and look at the lining of his baby carriage than it is to see the same old ceiling of a room day in and day out.

It's unnecessary to feel that you must keep your baby entertained by pushing his carriage all the time you're out with him. When you don't feel like walking he'll enjoy the companionship you offer by sitting beside him. Maybe you can pick a place where he can watch children playing or cars passing.

If you are to be out with your baby at a time when he will need to be fed, you can safely keep a warmed bottle in an insulated container for not longer than two hours. If he doesn't take the whole bottle at once, don't let him suck on it a second time as it will no longer be clean.

If you are going to be away from home all day, put the bottles right from the icebox into the insulated container and heat them when the time comes for feeding. Carrying them warm is too risky, as bacteria grow fast in warm milk.

THE RABY'S CARRIAGE

If you live where you will be taking the baby out for walks, you will need a baby carriage. But if you live where there are no sidewalks, you may not have much use for one.

Pick out a carriage that is large enough so that the baby can lie at full length, with plenty of room for whatever wraps are necessary. The carriage should not be top-heavy and easily tipped over. It should have a firm, full-length mattress that lies flat. During the fly and mosquito season, cover the carriage with a piece of mosquito netting. This can be kept from slipping or blowing off by a length of elastic that fits snugly over the outside of the carriage.

When your baby gets old enough to sit up, he will need a small, firm cushion at his back. He also will need to be fastened into the carriage by a belt that goes around his waist and is attached to the sides of the carriage. The strap that comes with the carriage is not enough to keep him from standing up. A carriage that is well above the ground protects a baby from the dust of the street, and from animals that might frighten him.

YOUR FAMILY IN THE COMMUNITY

Your baby's first birthday is a big event to you, although it marks no special landmark in his development. Since you looked at him for the first time with such curiosity, he has come a long way. You have got him safely through the most dangerous period of childhood, from the point of view of disease. He is no longer completely helpless, for he gets around in very lively fashion either by creeping or walking. He uses his hands with a good deaf of skill, and can play by himself part of the time. Even though he may speak only a word or two, he can communicate with you quite successfully.

A year-old baby has taken his place in the family in a new way when he cuts down his maps to one a lay, and is around the house more of the time. When he comes to the table sometimes, is beginning to teed himself, and eats many of the same foods the rest of the family do, this again adds to the role he plays as a family member.

A baby of this age is so full of curiosity that his father and mother have to watch very carefully, for fear he'll try out new adventures that aren't safe for him. For instance, the lamp cord daughing just out of reach, that he is constantly seeing other people pull, is an invitation to climb that he can't refuse.

This year-old baby has his likes and dislikes, and he can be quite firm about expressing them. He may take a notion that he wants his father, and only his father, to do things for him when he's around. His delight in being with other children is unbounded, and his sense of humor is tickled by their antics, (ast as his can put them in stitches.

You feel sometimes. "Isn't there something we can say 'yes' to?" There seems to be far too many occasions for "No. no!" You want to give your baby every opportunity for living up to his capacity; to let him use his tremendous energy, and to put only those limits on his freedom that are absolutely necessary. It's a hard job, for houses as I turnshings aren't planned for children.

He has taught you as much as, or more, than you have taught him. One of the things you are learning is the speed with which he passes from one stage to another of his development. You are only just getting

used to the idea that he's too old and too ambitious to be content for very long at a time in his play pen when he surprises you by the new problem of "getting into everything". Not only does he raise scrious objections to staying put in one place, but his leanings are so strongly social that he likes to follow his mother from room to room tor company. Some of his best liked playthings will be the kitchen utensils that he sees her using every day.

This rapid cun through the phases of his developm nt makes you increasingly conscious of how your plans for any one moment in his life tien't necessarily going to fit his needs at the next. Your baby, who only a few months back used a cup only for burging to make a roise, is now able to hold it and drink out of it. Next hell be wanting to go one step further, and pour something it to the cup. You find you need to let him do thing more and more independintly.

From having your life and plans pretty much centered in your haby you begin to realize that before so very long your child's needs and interests will spread out and widen past the wills of your home. At easy he has friends outside the neighbor's children the nulkman the postman the boy who bring the newspaper. He would senttle off to explore the world on his own if you ever give him a chance

Some of the developments you mut to ake ready for are clear like his reed for child en to play with by the time he is three. So you begin to look at your community with new eyes considering hose ouditions in it use going to affect your childs will recommunity begin to be aware of ways in which you could help your community and you almost certainly will find there are time, when you need the strikes supplied by that community to help you cope with your expanding family.

There are also intoreseen happenings and possibilities situations that may arise over which you may have a control. These are sometimes connected with crises in family life that could not be planned for

A family cannot be sufficient unto itself, it needs and is needed by the community around it flust as you need to have the counto to it knowing you can look to your doctor to prevent is well as cure illnesses, so you need to feel you can rely on the community services that have been developed to prevent things going winny or to help when cires come in some instances, there will be a wide variety of special services right in your own community. In others, help must be sought from agencies serving on a county or state wide basis. And in still other cases, you ar I other parents will need to get together and work for the establishment of services you realize are lacking.

In one family it may be that special need arises because another baby

is on the way, and his parents need help in planning for the care of a child while his mother goes to the hospital. In another, the discovery at six or eight months that a baby has cerebral palsy means that his parents should know about, and take advantage of any public or private services their state has to offer.

Every family should learn about the resources available to it, not only to be able to use them themselves, when necessary, but also to pass on the knowledge to others.

Some of the ways in which your community protects your baby are so much a part of your daily life that you seldom realize how important they are. The purity of the water supply, the safeguards that are set up to insure the safety of the milk you buy, are things you take for granted, along with inspection of foods, and school-bus service.

But besides such things as public-health protection, and public schools, there are many other ways in which communities serve the needs of children. In general, services to children are much better developed in cities than in rural places. Good medical and dental care, the services of well-trained child-welfare workers and nurses, are all too often lacking in areas remote from cities. But in both city and country, there are still unfulfilled needs. Wherever they live, parents can act energetically and forcefully to better the conditions around them, whether by working for the establishment of a well-baby clinic or for securing better trained teachers, or more ample salaries for those teachers.

For example, groups of parents that began in a very small way have finally been rewarded by seeing better provisions made for children with mental or other special handicaps. In other cases, parents who have become aware of the social needs of very young children have formed cooperative nursery schools. Mothers who must work outside their own homes have banded together to seek good day care for their children. Through their parent-teacher organizations, parents have been helpful in promoting a movement toward greater responsibility in schools for better health services. In many places community-minded parents have been active in providing playgrounds and recreational centers that had a share in turning the energy of boys and girls into wholesome channels, and so have cut down wasteful and mischievous uses of leisure time that lead to juvenile delinquency.

Although services for children and families have multiplied, along with the population, there are still a great many parents who do not know where to turn for help on their own special problems. A great deal remains to be done, not only in providing services in localities where they are inadequate, but in informing the public of those that do exist. If you belong to a study club, a church organization or any other group that concerns itself with children, you can make it a part of your program to spread the knowledge of the resources that are available for children. There are families that do not know where to get help in finding a home for children whose parents are dead. The unmarried mother sometimes needs to be put in touch with the agencies specially organized to help work out her problems. The family where polio has struck, or whose child suffers from rheumatic tever needs to be informed about how to get the services set up for them. The life of many a premature baby is being saved because there is someone right at hand who knows about the hospital where special facilities for his care rie set up.

In the days of the town meeting it was easier for people to see the necessity for being personally involved in community planning than it is now when living his become o complex. But everywhere community members are realizing their obligation to be informed about existing resources and the development of other

If you live in a city in which apencies serving children are gathered into a council of social agencies of a community chest, that is the place to go for information. If you live in the country of in a town too small to have a council of social apercies, you can get information about where to find needed services by writing to you state of country dipartment of health of welfare. They will know what is ources are available, and will be glad to help you in obtaining them.

Whitever you live you will increasingly act into the stream of community life a your child grows lt will be a matter of giving as much as acting. In a ldition to making use of your community resources you can find many ways of contributing to the cause of making your to you your state a better place for children to grow up in

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WHEN YOU NEED OUTSIDE HELP

YOU AND YOUR BABY SITTER

1. If the sitter is someone you don't know personally make sure that she (or be)—whether adult or teen 1,e1—his references from someone



ou do know or from an employment agency that you can trust (Because a person of an organization advertises in a newspaper does not mean that the person or organization is necessarily trustworthy)

2. Always ask the sitter to come the first time, long enough ahead of the time you expect to leave so that you can get acquainted. A reliable sitter will want to have time for careful instructions about what she is expected to do and what not do do. She should be given the following information, some of which you should write down.

TELEPHONE NUMBER WHERE YOU (OR SOME RESPONSIBLE PERSON) MAY BE REACHED TELEPHONE NUMBER OF YOUR DOC TOR WHAT TIME YOU WILL RETURN WHAT TO FEED AT WHAT TIME

WHERE AND HOW
THE ROUTINE YOU FOLLOW IN
CHANGING THE BABY
WHAT TO DO IF HE CRIES
WHERE EXTRA CLOTHING IS KEPT
HOW TO REGULATE THE HEAT IN THE
HOUSE

3 Except in the case of a young baby (under four month) give the baby a chance to see and set used to the sitter beforehand. This is especially necessary if he is some to be asleep when you let e. The terrer a baby have feel when he is old enough to tell people apart and wakes to find himself with a stranger — something no child should be exposed to Babies from four to six months are he main, to be conseious of strangers, and some of them are very timel about being held by them or even approached.

The sitter should know som thin, about low you handle the baby the order in which you do times for example, and under what conditions you pick him up and rock him if he cases thus will make taking care of the baby easier.

4. Be a considerate of the sitter is you wint her to be of you. This means paying her it a furrite being eareful to let buck when you say you will and seeing that she gets home safely it it is late.

In return you can require certain thin, of her are his that she shall let you know in advance if he can't come that she shall not come if she has a cold that she shall not entertain friends during your absence without having first asked your permission.

It is good for a baby to have his mother leave him sometimes. We usually say it the other way around that it is good for the mother. But it is also good for your baby to learn that he can be independent of you and still be happy.

THE MOTHER WHO WORKS OUTSIDE

A mother who must leave her haby in someone else's care during the

whole day or some part of it feels happier about it if the Fab. is handled in much the same way that she would handle him.

It can be taken for granted that the fewer differences there are in a baby's care the more omfortable he teels. For example, if a person puts a baby's garment on over his head, when he suised to having his mother put it on over his feet, it may bother him. Or suppose the person caring for the baby during the week helds him, and rocks him to get him to go to sleep. In such a case, he will probably cay it he shot rocked when his mother takes over during the weekend.

The baby will be easier to take care of their not confused by changes. Of course no two people will de things in exactly the same way. They can agree though on some of the main features of the baby scare. No one case out to make it hard far the baby mother. It each watches how the other doc certain things the fathing and feeding it will raske it exict. Written in trust has boot one detail to the baby sare will be helpful. Let the baby get used to a baby satter I fore you leave him. It he babts graph of the last special contents are finally from you to the cexture on new mit feel in siety when you age.

Your mency can a that the person who cares for the laby shall be warm and motherly and really enjoy balas. A nother should try not to be jeden of the affection her baby eas to be for his partition mother. In the data is important as her to be glad that relationship as so good be can feel this way. Free may be time, when the baby acts as if he laked he carefuler better than how more than this up time. But tay to temember at you find the hopement, hat it is necessary for a young baby to trust those who take care of him.

It is hard on a haby is have frequent changes in the person who cales too hum. It is worth a good deal of effort to find a meone who you are pretty confidence in it is too a fairful long period in you have a maid or nurse.

If you should have to bound in Individual from home be sure the home you jick out meets the fined of a colly your state health individing departments.

EMPLOYING HEALTHY MAIDS

Before you en the a helper be sure that she has an examination by a doctor to make sure she does not have a liseuse that she wall have the baby. The important discusses to have a linear intermediations of the lumisespecially tuberculosis, and a tive gonorihea or syphilis. Your maid should have her chest X-rayed once each year for tuberculosis.

Persons with either sonorther or syphilis become non-infectious very

quickly after treatment with the newer drugs, and may then be employed. Even though the blood test for sphilis is still positive, the person may be hired, provided she is receiving adequate treatment.

In some communities workers can get an examination and a health card from their health department

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THINGS YOU CAN DO TO KEEP YOUR BABY SAFE

TO PREVENT FIRES

Have at least one fire extinguisher. See that it is charged every vear. Small cans of a preparation to put out fires are available, and can be kept around the house.

Inspect your chimneys and stove often Be sure gas fixtures do not leak. Even in winter always keep a window open a crack in a room with a gas refrigerator or other gas fixture.

Use only electrical equipment approved by the Underwriter-Laboratory Look for this approval on the labels when you bity electrical equipment of any kind

Diseard worn electric cords or loose fixtures

Make sure window curtains can't blow into flame of gas tove Get rid of cloths or papers used in cleaning with oil or wax. (A

Do away with rubbish promptly

pile of such things can take fire of itself)

Keep matches in metal containers, well out of the baby's reach

TO PREVENT POISONING

Keep all medicine and pills in a cabinet or cupboard so high up children can't possibly reach or climb up to it. If he can get at it, a baby may take dangerous amounts of a medicine that is harmless in proper dosage, such as aspirin and iron tablets.

Put medicine back in cabinet as soon as you have used it. Don't set it down and forget it

Keep kerosene, or other dangerous things used in the kitchen, put

away where a creeping baby can't possibly get at them. Never use I e at all then you won't have to worry about keeping it away from children. Swallowing lye causes a kind of burn in the mouth and throat that may cause death. Other dangerous substances are boric acid moth crystals, immonea gasoline and other cleaning fluids bleaching fluids rat or insect sprays and pouders, and getden sprays.

Do not store dangerou, substances in empty food or beverage containers

Buy only buts furniture and toys painted with non-poisonous paint. Be sure to buy harmly paint when painting thange in the house that your buts may chew on

PROTECTION FROM ACCIDENTS

Never leave very holy of recache hore while yen a on inerroud or a out in the evening. This means when he is a steep as well a when he is low ike

Ne er leave your b by nother are of yourse children

Never leave your baby all ream - bathu b

Never leave your baby done in a room with a lighted as heater is store or office open to. Keep a creen in front of an open fire and see that france vents near the floor are screened.

Make methal series in your windows nessout indemnot be pushed out especially the a your bally from Make a practice of opening his window from the ter

Keep small into less it also mult cheke in (uch is beids ceins or pins) out of his way eare all when he get to erceping out away small breakable ornaments.

Par your creeping noby in healthy fen it you leve to leave the toom for even a namet

Keep foods on which he is a little like permits peems and popeoin away from your fally

Turn handles of cooking at n it was from front of store

Put adhesive type o er unused electric outlets

Avoid tableclotts that im-over the table edge. Hot foods or a pot of scalding not coffee evalue pulled off along with the tablecloth

Remind older children to keep sersors, knives peacil, and other objects that might injure him out of the baby's reach

Let the baby sleep alone. Another person in bed with a very voluge baby may pull the overs over him or roll relanst him and smother him madvertinity.

keep nul pans, or cabs of water off the floor better still keep

the baby in his pen, highchair or carriage when you are using water in tubs or pails

If you use baby foods put up in jars or cans, be extremely careful in opening them so that tiny bits of glass or tin do not get into the food

Never put articles on the stairs. You might trip on them and fall while carrying the baby

If you have venetian blinds out open the loop at the end of the cord you ruse and lower the blind with so that there is no chance of a child getting his head caught in the cord

WHAT TO DO FOR ACCIDENTS swallowing or choking on foreign objects

If a baby swallows smooth objects like coms or closed safety pins they usually pass through his intestines without causing involuntage. But a child who has swallowed any such thing should be wat her carefull, and a doctor should be consulted. Examine the bowel movements for the wallowed article. No medicine should be given nor should any change be made in the diet except a sudded by the doctor.

It semething sharp or pointed a swillowed call the doctor am mediately. If the doctor is unavailable all the nearest hopital

A baby who gets something in his windpipe will out hor choke. If the baby is chokin, and gapin, to breath turn him upside down holding him by the less or inkles and slap him on the back. Often what he swillows will tall out. If it does not take the baby to the nextest hospital as quickly is possible. Do not put your finger down the baby's throat because you may push the object further into the thirst or wind pipe. Try to keep calm.

swallowing pills or poisons

If a baby swillows a pill or anything else that night possibly poison him call a doctor at once or take the baby to a hospital immediately. While waiting for the doctor try to make the baby vomit by tackling the back of his fluorit with your finger. Giving him plain water may make him voint or waitin water with common salt or day mustard in it—a teaspoontal of table salt or day mustard to a glass of water. Cave him as much as he will drink. After he has vomited or even if he does not vomit give him some nulk to swallow and tabe him to your doctor at once. If you know that he has swallowed lye or kerosene do not try to make him romit, but call your doctor or take the baby to a hospital right area.

burns

MILD BURNS. You can treat a mild burn that causes only reduess of the skin or small blisters by holding the burned part in lukewarm water for a few minutes and then applying a paste of bicarbonate of soda and water. After this a clean dry bandage should be put on. Do not break a blister, as a broken blister may become infected. Do not use absorbent cotton, which would stick to the burn. Consult your doctor before applying ointments.

SEVERE BURNS. For burns that are severe enough to cause much blistering or that cover much of the skin surface, call your doctor or take the baby to the hospital at once. Wrap the baby in a clean, smooth sheet and cover with blankets to take him to a hospital or to the doctor. Do not use absorbent cotton or oil or oily substances.

If the baby's clothing catches on fire, smother the flames by wrapping the baby in a rug or blanket.

cuts and wounds

A break in the skin should be cleaned thoroughly with water and rolld soap. Your doctor may have said he wants you to use an antiseptic also. If there is bleeding from a cut, cover the ent with a clean cloth or gauze bandage and apply pressure over the area with your hand. Cuts of the congue or mouth should be seen by a doctor promptly. All severe cuts, deep puncture wounds, and wounds into which durt has entered should be treated by a doctor.

MEDICINE-CABINET SUPPLIES

RECTAL THERMOMETER.
BULB SYRINGE WITH SOFT-RUBBER TIP.
BICARBONATE OF SODA (BAKING SODA).
STERILE ABSORBENT COTTON.
ROLL OF 1-INCH STERILE GAUZE BANDAGE.

BOXES OF STERILE SQUARES FOR DRESSINGS (IN 1- AND 2½-INCH SIZES).

BOX OF SMALL STERILE GAUZE DRESS-

BOX OF SMALL STERILE GAUZE DRESS INGS OR ADHESIVE. SMALL BOX OF DRY MUSTARD. RUBBING ALCOHOL.

ROLL OF 1-INCH ADHESIVE TAPE.

Throw away old prescriptions, unless your doctor tells you to keep them for some particular reason.

Keep the medicine cabinet closed.

Keep medicines and poisonous substances well out of reach of small children.

IMMUNIZATION

Children can be protected by immunization against certain diseases

that formerly caused death. Every child should be inoculated against diphtheria, whooping cough, tetanus (lockjaw), smallpox and polio.

Most of the immunizing inoculations should be given early in babyhood and repeated at the intervals necessary to maintain immunity. It takes a little time after the inoculation for the immunity to develop, so it is important for the child to have his protection before he is exposed. Early immunization against whooping cough is especially important since this disease is most dangerous in a young baby. And the reaction to a first smallpox vaccination is usually milder in a baby or young child So doctors recommend that immunization be started when the baby is one to two months old.

Immunization against diphtheria whooping cough and tetanus can be combined by giving inoculations of a mixture called *triple untigen*. This makes fewer injections necessary.

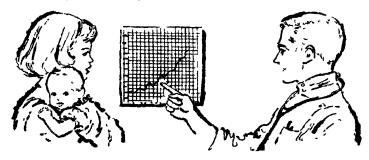
SUGGESTED IMMUNIZATION PLAN

At one to two months, first injection of triple antigen (against diplitherit, whooping cough and tetanus). Two more injections at intervals of one month. Twelve months after third injection of triple antigen a fourth injection and again at shout four years of age.

Polio vaccination can be started at the same time is triple antigen. Two polio injections are given about a month apart followed by a third injection seven months after the second. Under certain conditions the doctor may advise a fourth injection a year or more after the third.

One month after third injection of triple vaccine, smallpox vaccination. At five to six years, repeat smallpox vaccination

There are other, slightly different immunization plans which some doctors prefer. Or some shift in the schedule may be advised it it is thought better to give shots in certain seasons rather than others. For some children the general plan may have to be altered because illness or some other reason prevents inoculation according to schedule. Find out from your doctor or health officer what plan he advises for your child. The important thing is to have a plan and to follow it.



Ask your doctor or clinic to help you keep a record of the dates and kinds of inoculations your child receives. If you move to a different locality or change doctors for any other reason, the new doctor will want this information.

OTHER INOCULATIONS

Special circumstances, such as travel or unsanitary environment, may make it wise to give typhoid fever vaccine as early as the first year.

Measles can be serious for a child under two. There are no inoculation that provide lasting immunity to measles, but it is possible to develor a temporary resistance to the disease. If you know your baby has been exposed to measles, your doctor may think it wise to give inoculations in order to prevent an attack.

24 THE SICK BABY

Every mother soon or later has the responsibility of deciding whether her baby is sick and whether she should call the doctor. Each day as she cares for her baby, she learns to know how he looks and acts when he is well. If she is a careful observer, she will notice that he is different when he is sick. But she will be more likely to recognize that her baby is sick if she knows what signs to look for. Sometimes signs of sickness develop slowly over a long time, or they may seem to take place almost before the mother's eyes.

The doctor who sees a baby regularly will probably notice any slowly developing signs of diseases before the baby becomes very sick. But a baby's mother is more likely than anyone else to notice signs of sudden sickness. Since she knows her baby well, she will know, for example, whether he is more irritable, has eaten less, or has been more restless in his sleep than usual.

Often babies become suddenly ill, with a high fever, and look very sick. but their recovery may be rapid.

A common cause of a slowly developing sickness in a baby is improper feeding. Either the amount is too small or some food elements are lacking. When the feeding is not quite adequate, signs of sickness appear

very gradually and are mild in the beginning. The baby may not gain quite as well as he should, he may look pale and appear listless. (See Rickets, p. 133; Scurvy p. 133.)

EARLY SIGNS OF ILLNESS

A change from the baby's usual appearance or behavior may mean that something is wrong. The following are some common signs of sickness in babies

- 1. IRRITABILITY. The usually happy baby tusses and erres
- 2. DROWSINESS. Wents to sleep more than usual especially at a time when he usually play
- 3. RESTLESSESS. The signposts new iking often and civing by a b by who usually sleep well
- 1. FFYER. You can spot this by a flushed face het uid dry skin Ever usually indicates in intection (See Temperature p. 127.)
- 5. LOSS OF APPETITE. A sure sign is a refusal to take milk at the usual time. This different from being slow to try a new food
- 6. **NOMETING.** The of course is a sud-fen throwing up of a feeding or a large part of the orient with a linear different from putting appendix how many lattice do when they willow up with their milk or take too much milk (See page 35.36). In a baby yemiting as often an early sign of an infection diverse.
- 7. DIARRIE A. The randicated by a udden increase in the number of bowel movement, a pecialty of they are loose and watery. (See Diar they and Dysentery p. 152).
- 8. PAN. Crying or non-holity may be a senset para A mother oon learns to know whether a baby serv means that he ram pain. She can sometimes tell where the pain is 11 he cric and pulls his 1 gs up over his abdomen, he may have pain in the abdomen. (See Colic p. 55.) If he holds his legs or aim, till he near have pain in them. (See Sensy p. 153), Congenital Syphilic p. 135.) Pain in the cric is ometime, shown by constant turning of the head or by pulling at the cric. (See Colds. p. 129.) Often the mother cannot tell where the pain is as the baby may show he is in pain only by sharp crying in a general mutability. If this centimies, a loctor should be called.
- 9. RENTING NOSE. A running nose in a baby may be the beginning of a cold or of some other communicable discuse—ich as measles. (See Colds, p. 129.)
- 10. COLGIL. Coughing in a baby is more likely to be a sign of sickness than in a grown person. It is a common symptom of a cold but it may also be symptomatic of such illnesses as broughties or pneumonia.

(See Bronchitis and Pneumonia, p. 131, and Whooping Cough, p. 141.)

- 11. HOARSENESS. This is indicated by a change in the baby's voice or in the sound of his cry. (See Croup, p. 131; and Diphtheria, p. 139.)
 - 12. RASH. A breaking out on the baby's skin.
- 13. CONVULSIONS. A convulsion may be a sign of a serious disease in a haby. (See Convulsions, p. 136.)
- 14. INABILITY TO MOVE A PART OF THE BODY. Or a stiff neck or stiffness in any part of the baby's body. (See Scurvy p. 133; Congenital Syphilis, p. 135.)

IF YOU THINK YOUR BABY IS SICK

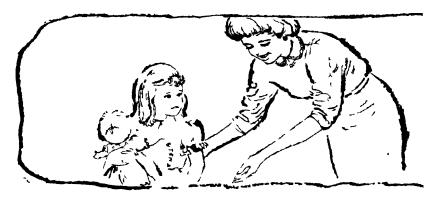
Many serious illnesses have mild beginnings. To be on the safe side, call the doctor as soon as you think your baby is sick. Tell him what is wrong with the baby as exactly as you can and then listen carefully to what he tells you to do.

If your baby has one or more of the 14 signs of illuess listed, keep him as quiet as possible and take his temperature. (See p. 127.) It his temperature is over 101° F., call the doctor. It is especially urgent to call a doctor immediately if your baby has convulsions, pain in the abdomen, hoarseness, unusual drowsiness or diarrhea—or if he looks and acts genuinely ill.

BEFORE THE DOCTOR COMES

Until the doctor can be reached, a few things it is wise to do for a sick baby are:

- 1. Keep him quiet so that he will be likely to fall asleep. Hold him for a while if he is more comfortable that way.
- 2. Keep other children away from him, whether or not a contagious disease is suspected.
- 3. If the baby is vomiting or having diarrhea, stop all food. If he is having diarrhea only, offer him small amounts of boiled water frequently. If he is vomiting, stop giving even water for a while. After he has had no vomiting for about two hours, try giving him small amounts of boiled water. If he has no more vomiting, continue giving it to him frequently.
- 4. If the baby is neither vomiting nor having diarrhea, let his appetite be your guide as to how much of his regular feeding of milk he takes.
- 5. If he has high fever (over 103°), is restless and cannot sleep, a cool sponge bath may make him more comfortable.
 - 6. Keep a record of
 - a. The baby's temperature about every four hours.
 - b. The times he has a bowel movement and what it looks like.



- e He times he passed inc
- d. The times he ver as and the amount you it. I
- · Anything elected als komportant
- 7. Do not eve measure in beart is ordered by your dector

A baby who is sick usually the quartly in bed and a may be necessary to turn him over occasional. On the other hand be truly be restless and pently patting him tax apart him.

GENERAL CARE OF A SICK BABY

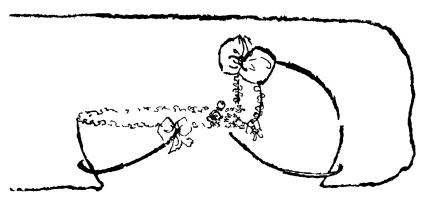
It is natural for a methor of all worned about a ack to by a perally before she is an exhibit a wing with him. But its to be calm. Your doctor will ids a scalable it ans special account baby need. Follow his directions criefally.

Certain general direction. It follows do not all all illnesses. For instance rest is unportain 13 is a site of K balay hould be kept quiet usually in bed, and should be likely or a call indestinable to much as possible. The siek and a bould not be a pathern of place to the family of the normalizer.

When a baby is sick be a code comforting all a star much as he needs medicine. Holding have a king lam or singular chain has continuous of him so that he can get reed direct. A few simple toy may both comfort and quet him. As he gets leater be can be left alone for longer periods.

CLEANLINESS. Keep a ack leaby a body clean. Cive him a warresponse bath once or even a rear day. Take care that he as not chilled during the ball the hoold near a completely incover damless the room as warm enough.

ELIMIN ATION. If a sick left is not taking men he food his bowels may not move as frequently a usual. If there has been no bowel movement for three days or if the body seems to have pain in his abdomen, your doctor may suggest an energy of warm water.



LANATIVES. Never give one without the doctor's advice. It is some times very dangerous to give a laxative or parally if there is vomiting pain or swelling of the abdomen

If the baby urmate these frequently than until and has not been your tring give him more water

tood AND WATER. As a klaby soldern wants to cat a much a he does when he is well. Very etten he is unable to digest the amount of tood he usually take. It the baby a vomiting at is best to top all food for a time. Lilk to your dictor if possible before taiting food again. If you can taited him areduced feed on may be given after the your ting stops. If a baby a having drurbed omit one or two feedings or give maller amounts. Reduced feed him, since he given is follows.

If the baby is breast ted let him nure for only half is long as usual and after the feeding give him as much boiled water a ne will take. It the baby is bottle ted dilute the milk inixture with an equal amount of boiled water and let him take is much as he want. A the baby gets better and is ready for more food at may be given to him until finally he is taking all of his regular teding. Think and who tever other foods he took before he be are saik.

In sicknesse, that do not upset digestion give the bally his u and milk feedings and such solid foods as cereal, $\epsilon_{-\epsilon}$ and strained fruit a vigetable if he is already used to them, and wants then unless the doctor orders a special diet.

A sick baby needs water especially if his temperature is high. Offer him water that has been boiled and cooled as often as every hour when he is awake. Write down the amount he takes in 24 hours. Unless the is a digestive upset a little orange juice may be added to the way 1 if the baby will take more this way. If he is vomiting at is sometimes necessary to stop giving water for a time. But as soon as he can keep it down, offer it again. It may be started in a small in cunt such as a

teaspoonful and increased gradually. His liquid intake is very important.

If the baby has been quite sick, and particularly if he has had a digestive upset, his appetite may be slow in returning to normal. You will be wise if you will let him take those baby foods which he likes best Nevel force food at this time (of at any time). Don't introduce new foods when the appetite is poor.

If you have started we ming cup feeding or any other kind of new learning don't be surprised if he slips back into his baby ways. During the time when a baby is ill or recovering from an illness don't fry to teach him new things.

doctor orders one it may be given a follow. Use a bulb syimge which has a soft rubber tip and which holds two to three ounces, disolve one half teaspointful of silt in a gloss of luley aim (never hot) y iter. To fill the syimge put the up of it into the water and ouecze the hulb then release it and it will fill by suction.

Let the Laby he can his back across von Lip or on a table with the buttocks somewhat raised by a folded to yel under he haps a Llus position will cause the water to run up into the bowel more readily and the towel will catch any drip a cross the tip of the symme with petroleum jelly. Lift the baby a less with one hand, in 4 with the other pat the tip into the rectum for beautiful much and boxly queeze the water troughte bulb. It much and lawly lone, this case is the baby little or no discomport.

When the water has been put in take cut the same and hold the buttocks together for a few minutes to keep the water in before placing the haby on the put. The water sometimes one out as the same is taken out. A subber of place upon or se craffixer of nexpaper will protect your clothing. If the water tomes out but does not bring a bowel movement, the name may be repeated.

Occasionally the witer does not come out. This loes no bein 14 here is not a bowel movement within two or three hours, your doctor may advise a second event.

Your doctor may suggest that you use a soap stick or other suppository instead of in events. Neither enemis not suppositories should be used except occasionally and only on the advice of the doctor as they may irritate the rectum and keep the babs from baying ratural bowel movements.

KEEPING A RECORD OF SICKNESS

Write down what happens when your baby is sick. Such a record is a

great help to the doctor. The record will be different with each kind of sickness and provide a valuable medical history.

TAKING A BABY'S TEMPERATURE

Every mother should learn how to take a baby's temperature. It is a good idea to buy a theirmometer early and learn how to use it. Then if your baby should get sick you will be able to take his temperature with the least possible disturbance to him.

Buy a rectal thermometer (a rectal thermometer has a thick bulb) Ask the doctor the druggest or public health nurse to show you how to read it and low to shake down the mercury

Before taking the baby's temperature read the thermometer and be sure the mercury is well below the 'normal mark Smear the bulb with petroleum elly erecled coam. Lay the baby on his back in your lap or on a table or bed, hold him by his takles with one hand. With the baby in this position at will be casy for you to lay the bulb end of the thermometer into his rection about manch. When the baby can look at you he will be more likely to be still than if we were lying with his face down. Held the baby he firmly were un hand to that the thermometer will not break.

Do not leave him nor let go of the theirmometer while it is in the rectime. At the end of three minutes take the theirmometer out. When you have put the baby back in his crib, and the theirmometer and viite lown the baby's temperature and the time of day you took it.

Wipe off the theirmemeter wish it theroughly with celd so py wat r (hot water will break it) their ruise it and shall down the mercury before putting it away.

If you piefer you can take your baby's temperature under the arm Holding the baby on your lap take off enough or his clothing so that you in easily slip the bulb end of the thermometer into his arm pit. Press his aim closely against his side by holding him close against you so that the thermometer will stay securely in place. It will be necessary to hold him, and the thermometer still at least five minutes in order to get in accurate reading of his temperature.

Axillary temperature is this is called may be slightly lower thin temperature taken by mouth or rectum but it may upset the bids less

what the temperature means

A baby's temperature normally ranges from 98.6° to 99.6° F. It it is 101° F. or higher, tell your doctor Sickness in a baby is more likely to produce fever than sickness in an adult, and in a baby the fever is usu-

ally higher. Even a slight upset may cause a rise in temperature. A little fever every day for a week or more may point to a more serious condition than a higher temperature which lasts a short time. A baby who is sick may have fever at any time of the day or night, but it is likely to be higher in the late afternoon than in the morning.

During convalescence a baby's temperature in the morning may be below normal; that is, below 98.6° F. During this period the baby needs extra care and rest.

HOW TO MAKE STEAM

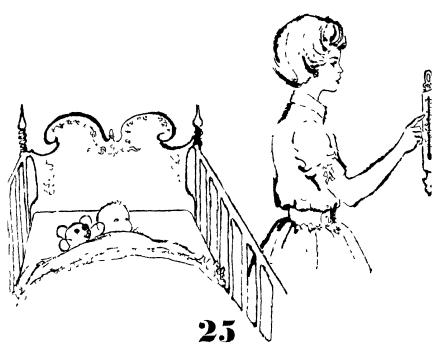
When a baby has a simple cold a warm, moist atmosphere helps relieve the stuffiness of his nose and usually makes nursing easier. Many babies with croup or laryngitis will improve as soon as they breathe warm, steamy air. Where there is a troublesome cough, as in whooping cough or bronchitis, steam may be one of the best ways of relieving it.

When steaming a room, close the windows and doors to keep the steam in. You will need to ventilate the room at certain times to let in fresh air, or to cool the room if it gets too hot. To produce steam, heat a large kettle or pan of water and let it boil, uncovered. If you have a hot plate, the water can be heated in the baby's bedroom. It will probably save time to bring the water to the boiling point on the kitchen stove.

It steam is needed quickly, as during the night, it may be necessary to take the baby to the kitchen or bathroom for it. If the hot water in the pipes is hot enough to make steam, a bathroom filled with hot water will soon make the air in a small, closed bathroom warm and moist. Keep the air steamy by letting the hot water run. Water can be boiled on the kitchen store if this is the only means of heating water. Until the room gets steamy, hold the baby near the source of the steam, but not so close that he will get burned. In homes where steam may be needed frequently, a special croup kettle with a long spout will be useful—a small croup kettle does not produce enough steam.

Be sure that the steam kettle is far enough away from the baby so that he cannot possibly be burned. If the baby can't get out of his crib and the steam kettle is a safe distance away, there is little danger. If the baby is older and can clumb out of his crib, he must never be left in the room alone with the steam kettle going. Don't use medicine in the steam kettle unless your doctor orders it. Most of the benefit is from the steam alone. If you use a gas burner to heat the water, be sure the water does not boil over and put out the flame and let gas escape.

Do not let the room get too hot because the baby may catch more cold if he is too hot. A good room temperature is about 70° to 72° F.



ILLNESSES

(OLDS

 $oldsymbol{\Gamma}$ olds are contagious, and all babies, bould be kept away from anyone who has a cold

If you get a celd it is better if et ill possible for someone else to take care of the baby for a few days intil you are better. If you must are 'or I im, take every precaution to keep him from catching your cold. Wash your hands carefully before touching him or hi food. Don't breathe ia his face or ki's him. I'ry to rest as much as possible, and when you are not actually caring for the baby, it is better not to be in his room.

Not only is it wise to try to prevent a cold from spreading in the finish but there is always the possibility that a "cold—may be the beginning of a more serious illness. It a haby gets a cold—he should be kept tway from other children and the mother should try not to let him cough in her face as she holds or leans over him."

With the first signs of a cold put the baby in a room by himself and keep him as quiet as possible. Most babies with colds sleep more than usual unless a stuffy nose makes breathing difficult. To help a baby breathe better keep his room warm day and night (about 70°-72° F.). In addition, moisten the air with steam, especially if his nose is quite stuffy or if he has a cough.

When the baby has a lot of mucus in his nose and throat, he will usually be more comfortable and safer if he sleeps on his stomach. By raising the foot of his crib a few inches on blocks or books, mucus will tend to drain out of his nose and mouth onto his sheet, instead of being sucked into his lungs or swallowed.

Never use nose drops or anything else in the baby's nose unless your doctor tells you to. Sometimes doctors order nose drops for the baby who has a cold. These are medicines used to shrink the lining of the nose so that breathing will be easier. Usually the benefit from nose drops is temporary; if used too often or for more than a few days, nose drops may irritate the lining of the baby's nose and cause it to swell instead of shrinking it. Oily nose drops should not be used. If the nasal drops the doctor advises come in a plastic spray bottle, be sure the child is in an upright position when you spray his nose.

If your baby's nose is running, try to keep the skin under his nose dry I v willing it with a soft, old handkerchief, or with a soft paper tissue. A little cold cream smeared under the nose helps to keep the watery discharge from irritating the skin.

A cold with no complications lasts only a few days and there is usually very little fever. It your baby's cold lasts longer and does not seem to improve, tell your doctor. (See Bronchitis and Pneumonia, p. 131.) A frettul, feverish baby who puts his hands to the side of his head, rolls his head from side to side or pulls at his car, may have earache. If you cannot get in touch with your doctor right away, try to relieve the baby's pain by applying warmth to his ear. Soft material, folded and warmed, or a well-wrapped hot-water bag may give comfort. A small cotton bag of salt warmed in the oven can be used instead of a hot water bottle. A bag which is only partly filled with either water or salt will feel better on the ear than a tightly filled one. Be sure the water or salt bag is not too hot. The warmth of the mother's body or of her palm next to the baby's sore ear may be even more soothing than other sources of warmth.

Never neglect an earache. If you suspect that the bang has an earache, call the doctor. Some of the newer drugs, if given early, are effective in preventing the serious complications that sometimes develop as a result of an earache.

LARYNGITIS (CROUP)

In children laryngitis is often called croup. In its mildest form, the cold which precedes croup may be almost unnoticed. A baby who went to sleep apparently well wakes up during the night with harsh, noisy breathing and a dry, barking cough. His cry and voice sound hoarse. Because he may have trouble getting his breath, he is usually frightened and his fear increases his symptoms. It may help to relieve his fear and thus improve his breathing, if you hold the baby and try to comfort him.

Croup may be serious, so consult your doctor. He will tell you what to do for the baby. Before he comes, put the baby in a closed, warm room in which the air is moistened with plenty of steam. (See How to Make Steam, p. 128.)

If the infection is mild, the Laby usually improves rapidly and by the next day may appear almost well again. Even though he seems much better, keep him quiet and let him breathe warm moist air for two or three days and nights because this kind of croup may come back several nights in succession. Once a baby has an attack of croup, he may get it nearly every time he has a cold.

When the infection is severe, hoarseness and croups cough continue the next day and may even get worse. For this reason keep your doctor informed The baby's breathing will be noisy and he may have to struggle to get his breath. He will look sick and have fever, and may lose his voice entirely. If his breathing continues to be difficult, he may become weak and exhausted. These are signs of great scriousness.

One cause of severe croup is diphthetia. This is always serious but is rate now that so many children are protected by inoculations. (See Diphtheria, p. 139.)

The newer drugs are effective against many of the germs which cause laryngitis and related disturbances

BRONCHITIS AND PNEUMONIA

A cold in a baby may develop into bronchitis, which is an infection of the bronchial tubes, or into pneumonia, an infection of the lungs. Colds which are severe or which do not improve in a few days should be reported to the doctor. Cough and fever are common symptoms of either bronchitis or pneumonia. In addition, with either of these illnesses, the baby appears quite ill. Pneumonia may also develop after measles or whooping cough or other infections; sometimes it begins without previously noticed illness. The general instructions for colds (see Colds. p. 129) may be followed until the doctor arrives.

The newer drugs are effective against most of the germs which cause bronchitis and penumonia, so that for babies who are given good care early, pneumonia is no longer the dread disease it once was.

DIARRHEA AND DYSENTERY

Diarrhea is not a disease, it is a symptom of disease; it means an increase in the number of bowel movements, especially loose and watery ones. It may be the result of improper feeding or of infection. Infection anywhere in the body may cause diarrhea.

Dysentery is the name of an intestinal infection, the chief symptom of which is diarrhea. The stools are loose and watery, sometimes with blood, mucus or pus in them. As a rule the baby with dysentery has fever and appears quite ill; he may have pains in his abdomen and lose weight quite rapidly.

The best insurance against diarrhea is the good care a mother gives her baby every day—properly prepared foods and protection against colds and other infections.

Infections of the bowels are caused by gettos which usually get into the body in food or water. The disease may also be carried by someone who has it or who harbors the getms that cause diarrhea. Flies may carry the germs from open toilets.

These infections are best prevented by cleanliness. This is why the baby's water is boiled and his formula is prepared with great care. Other food should be clean and fresh, not left uncovered or out of the refrigerator. When the baby has had all the nulk he wants take his bottle away even though it is not empty. If it is left lying in the crib, germs can multiply in the milk, and dirt and flies get on the nipple. Do not put unboiled upples in the baby's mouth. And of course, wash your hands before feeding or preparing food for the baby.

Dysentery usually occurs when sanitation is poor, as when there is poor sewage disposal, large numbers of flies or unsafe drinking water. Family toilets must not be open to flies; if you can't make yours "flytight," ask your health department for advice. Keep soiled diapers in a covered container. Also if you want to make sure your family drinking water is safe, talk to your health department.

ANEMIA

Anemia is a condition in which the baby's blood hat too few red blood cells or too little hemoglobin, the substance that gives the red color to the blood. If your baby usually looks pale, tell your doctor,

The most common reasons why a baby may have anemia are:

- I His diet may be lacking in iron or his mother's diet before he with born may have been lacking in iron. Iron is necessary to make hemoglo him. A full term baby usually has enough iron in his body at birth to fill his needs for three to five months. After this he needs added iron food, that supply iron are meat egg volk green leafy vegetables, and whole grain or enriched cere ils.
- 2. He may have had a severe illness. A good dier will help cure this animize Occasionally the doctor will order medicine mateentium iron as additional reinforcement for the intent.

RICKETS

kickets is a free of babic and children who has rot lad enough situmin D (See p. 46.) The vitam in helps the baby are alcount and hosphorus for building strong bones and good teeth late ket the growing ends of the bane do not haden and a are all determities such as bewleg, may develop when the baby begins to stander walk.

Now that thirds all habin get some form of vitamir D at kets a sell dom seen and limost never in severe form. Claffret leed vitamir D throughout their entire period of at with

4 I RV V

One of the chief signs of sensy is bleeding which occurs in the hones at mightness in the difference of the When the reasonable difference of the lones it is painful for the baby to move Often be cric, when he is picked up or his dispersisch in fed. It he does not trost encor both of his legs or arms he will look as if he vere paralyzed.

A baby with scurve jets better quickly when he is liven plenty of vitamin (

Source can occur it any use even in idults it is it to fich seen in bottle fed balies from about six to 15 month old. The breast fed balic rucky sets series (See Foods Necessary For a Nursing Mother 1 26.)

THRUSH

Thrush is a fungus infection which iffects the mu-e-inemb me of the mouth. It is most common in very young babies.

When a baby has thrush small white spots that lock lik milk in to use seen on the in ide of the checks and less often on the tongue gam of hips. If you suspect thrush let the baby drink water in the cuids will be washed away, but the white spots of thrush stick tight to be muco is membrane.

Thrush gets into the baby's mouth on dirty objects most often on nipples or bottles which are not properly sterilized. The fungus may also be on the mother's nipples or hands. To prevent thrush follow the instructions on page 40 for making the formula. Do not wipe the inside of the baby's routh with cloth or gauze or put unboiled rubber nipples in the baby's mouth.

Report to your doctor my white spots which are attached to the buby's mouth. With prompt treatment thru I usually clears up quickly. If the buby's mouth seems sore when he is trying to nuise feeding may be given by spoon or cup for a few days. Give the buby boiled water after each feeding to wish the milk out of his mouth. Thrush does not grow a well when the mouth is free of milk.

TUBEROULOSIS

It this contriving the tendosis is reach less common than it once was But when exposed babies and very your children are specially liable to get taberculosis which is often a serious, and may be a fatal discose

To prevert tuberculosis ball hould be better away from any person who has the discrete lift the nother has tuberculos and in active form when the baby a born, he should neither nice him not take case of him. Maids especially those who fell in the case of the laby should no be employed unless they are free from become.

Babies should be kept tway from university or on with a cough central state certain that the cough is not in interface in . The rule applies to older persons too. An asthmatic cough central in in old a person may be due to tube realism.

If a case of tubered is as feared in a flavor home, other the infected person or the baby should be removed at each all members of the family should be examined for tuberculosis, and the baby should be under close supervision by the doctor as long as holding increasing them is idvise that the baby be given the vaccine B. C. C. which helps develop result a ce to tuberculosis. Ask him about it

Your state or local health department will be able to tell you where to get the necessary skin tests or X-ray examinations for tuberculosis. If your baby does contract tub realest, at as encouraging to know that newer treatments, are often effective in carriag the more serious forms of the disease.

GONOCOCCUS INFECTION

Gonococcus infections are no longer common in babies, but when they do occur they are serious unless they are treated promptly and adequately

If the baby's mother is infected the germs may get into the eyes of the baby as he passes through the birth canal. Usually within the first four days of life the baby's eyelida become swollen and icd, a discharge first bloody and watery, then yellowish and thick comes from his eyes. Such infection may be followed by blindness unless it is properly treated

Gonococcus infection of the eyes of newborn babics can be prevented (1) by treatment of infected mothers with peniculin before the birth of the baby and (2) by use of a preventive at the birth of every baby. The latter has long been required by the great majority of the states.

Gonococcus infections can be successfully treated by newer drugs but treatment must be given early to prevent permanent damage to the eyes. Therefore report any discharge or swelling of your babys eye to the doctor it once.

The other form of gonococcus infection sometimes seen in babies causes a yellowish discharge from the genitals. Many girl babies have a white discharge from the vigina at birth. This is usually not due to an infection and it soon disappears.

Any other discharge from the genital of a baby whether gall or boy should be reported to the disctor without delay

A baby may get a genococcus infection at any time if there is an infected person in the household (See Employing Healthy Maids p. 115). With proper treatment the infection clears up promptly and the infected person becomes non-infectious.

SYPHILIS

Nearly all syphilis in babies and children is congenital syphilis this means they get it from their mothers before they it born Congenital syphilis may be a very serious disease.

Congenital syphilis can be prevented by treatment of the biby's mother Fvery program woman should be given two blood tests for syphilis one should be made early in programcy and the other late in programcy. If the mother has syphilis she should be treated at once for her own sale and also because adequate treatment of the mother nearly always prevents congenital syphilis in the baby.

Babies boin of mothers who have syphilis whether the mother has been treated or not should be examined carefully at bith for eviden of congenital syphilis. If the baby has congenital syphilis he should be treated at once. In any case, he should be kept under the close supervision of his doctor for at least four months. If no signs of syphilis appear by that time and if the blood test is then negative it is extremely unlikely that the baby has it.

Any baby who has had to be treated for congenital syphilis will need to be re-examined by his doctor at suitable intervals to make sure that he is entirely well.

If a baby's mother has not hid a blood test during pregnancy, the baby should be given one

The treatment for congenital viplate has been simplified and short ened by the use of the newer frust it is very attisfactory if given early

CONVERSIONS

It is ilways very frightening to be a convalsion (ofter called a spism). If your holds has a convalsion it may help you to remember that a convalsion is rarely dangerous in a clocal that it will usually end on it elforten if the doctor comes in me to the the convalsion of all usually be over before he gets there. Invite by the important thin, it is keep the brids from being huit.

In a corval on a below a units the and crossness rells his exessupor to one sale and staffens out has an und least and sometime his tree and head may shake or twitch valently. He may hold his breath and tain blue ofter his breathing. He is

There are nonvocus of the following in the very one holy it as so netimes a spiral buttle nearly twitting in a contain a cliffer haby who is not taking enough virtual D. So Rick to pollow the object of high fever which there are a trobe mange of an interface companied by convulsion C. (1) from another occur addends in apparends health buby and long our is addend. Ever though such a buby seems quite will afterwire for door hould be called so that he may find it possible the care of the civil on and doorde what treat ment of any is needed.

Before the doctor comes put that the on a led where he annot have himself by landing the sides with his had eraims or less. If the baby has a lot of saliva in his mouth number head to the aide in led a root at the temperature seems quite high a lake warm sponge bath with help reduce his fever. The water used for a sponge bath should not be cold because the baby sisking all be cooled by the evaporation of water from it. Do not put the baby in a tab of water because of the danger of burning him of getting water into his lungs or of his being injured.

HEAT RASH OR PRICKLY HEAT

While heat rash is more common in the summer it may appear even in cold weather if the bally is overheated in a hot room or has on too many

clothes. The rash of small raised red spots usually comes out on the neck shoulders chest or face but sometimes it covers the body. It may make the baby restless and mutable. Powdering lightly with baby powder, baking sodi or coin statch often helps if there is itching. Do not use so much powder that it cakes in the creases. (See p. 87 on baby powder.)

It to prevent heat rash by dressing the baby in the right amount of clothing for the weather by letting the bary wear no clothes or only light cotton or linen ones in excessively hot weather and by sponging his skin frequently. After sponging pat his skin dry with recti towel.

If creases in the baby's neck are exposed to the air by frequent change of his position at will help to prevent he whash

ECZEWA

True infinite economistic energinal of the healter in nature, often the baby is sensitive to one et more tools built ne is taking. Near always other members of the babys finity of a nown some form of aller, y such as layers bey fever or a thin

In cerema the kin be ones reddened at nay be yet and oozing or live and so dy. The rash a righty begins on the chack where it is most often so no but in very access it nay cover the entire body except for the palms and sole. It can begins in the last ted bathes who are taking other toods bathes who are enable for a telef-son times have it

the ally the baby is well nourished often has those and sleeps point because his itching kin make him feel an eraste. If he is allowed to rub or scratch the cezenic is naide worse and may also become infected to keep the baby from scratching his tree make ciffs or tubes of eard board or other stiff material to cover his allow. Then he cannot bend his elbows and get his bands up to his street to the side of the cib. Out the larger rules short and keep them cleen

To learn exactly what foods the baby it insitive to is important or plaining the baby's treatment. But even after he is no longer taking these foods his skin may not get well it it is infected or it scratching out clothing hard water wind or other thing continue to insitate it

Every baby with eczema hould be under the ear of the doctor who will direct the feeding and other treatment. Infected eczema may be seryous. The doctor will need the cooperation of the parents in carrying out his instructions.

Severe ectema is a condition which is discontaging to the parents for it may improve for a while and then grow worse again it may require

treatment over a period of many months or even a year or more Fortunately it gradually improves as the baby grows older.

Mild baby rashes are sometimes wrongly called eczema and, as a result, babies are often taken off of important foods. Rashes around the baby's lips may be due to local irritation from food such as fruit juices, or saliva especially when there is diooling Such a baby may be able to eat the food without any trouble if it is not spilled on his skin

Even in true infantile eczema where the baby shows a real sensitivity to certain foods he must always be given an adequate diet

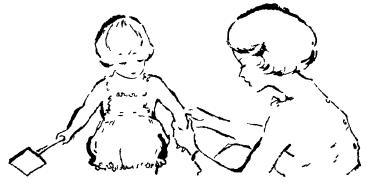
IMPETIGO

Impetizo conticiosa is every contagious skin disease. It begins as small blisters which break and become yellow crusted sores. Any part of the body even the scalp may be affected. It is spread by infected persons usually children. It spreads to other parts of the infected persons own body and also to other people.

The disease is curried on the hands of per ins with impetito of on towels or other articles which have been solled by the fluid which oozes from their soles. To kill the germs towels wash cloths and bedding which have been used by intected persons should either be wished and fromed with a hot ron or they should be beited.

To prevent impetigo keep the baby away from invoic who has sores on his skin. Also try to keep him from scratching because impetigo may develop on top of any skin trouble which causes ser tehing as for example mosquito bites.

If sores appear on your baby's skin consult your doctor. Some of the new drugs are so effective in the freatment of impetigo that it can untill be cleared up in a few days. It will help prevent be impetigo from spreading if you will keep the baby's notes shore and clean. The baby's skin will hell quicker if the sails are so kell off with warm soapy water before medicine is applied to the sores.



26

COMMON COMMUNICABLE DISEASES

CHICKENPOX

Even very young babies can get chickenpox. It develops two to three weeks after exposure. The most common that it eruption is from 14 to 46 days a territorial transfer exposed.

A skin rish may be the first sign or a child hay have slight fever and feel ill for a day or two before the rish appears. The rish consists of pink spots it which small dewdroplike bli fers first form. Liter — distorm Usually several crops of blisters appear on successive fays.

Chick upox is selfour serious, complication, are rare. It is spread by coming in contact with a person who has the discrete or with inteless fresh by soiled by discharge, from the skin or use or throat of infected persons.

There is no preventive moralistics of specific are atment for chickenpox. The baby who has the disease should be kept from scratching which may lead to infection and sears. His fing a rule would be kept very short and clean and matts may have to be worn. The baby's cloth s and bed doing should also be kept clear. Your doctor will tell you that to do to relieve the atching.

DIPHTHERIA

Even very youn, babic on get diphtheric. It used to be that dering their first few months nost babies were protected by an immunity pescel on to them by their mothers, but now that diphtheric is uncome in their mothers have built up any immunity to pass on to their babies.

Diphtheria usually begins two to five days after exposure with a light tever and general ill feeling often a sore furoat. I der there may be hourseness a croupy cough or a bloody discharge from the nose. Some times there is a gray membrane in the throat or nose. Diphtheria is very scrious, complications are frequent and severe.

Diphtheria is spread by the discharges from the no e and throit of a person who has the disease or is a carrier of the disease. If there is reason to suspect that your child has been exposed call the doctor immediately

Fortunately, diphtheria can be prevented by inoculation with two or three doses of diphtheria toxoid, usually given at intervals of one month starting at eight weeks. Within a year after the first injections, a "booster" dose of toxoid should be given.

GERMAN MEASLES

German measles is a different disease from measles, and a milder one. A rash usually appears the day the child becomes ill, though there may be a slight fever and soreness of the glands at the back of the neck a day or two earlier. The rash fades and the fever subsides in a day or two.

German measles develops 10 to 21 days after exposure, usually on about the eighteenth day. There are no preventive inoculations and there is no special treatment. It is not common in babies under six months.

Since German measles in a mother during early pregnancy may be harmful to the unborn baby, it is desirable that girls have the disease before marriage, or at least when they are pregnant.

MEASLES

Measles is uncommon under the age of six months. Complications, expecially pneumonia, are more frequent in babies than in children over three, although they are not as serious as they were before the newer drugs were discovered and made available.

Measles usually begins with fever, a watery discharge from the eyes and nose, sneezing and coughing. A rash inside the mouth may be present during the first few days. About the third or fourth day after the fever starts, a blotchy red rash appears around the edge of the hair or behind the ears. It spreads rapidly to the entire body, including the face. Fever usually remains high for several days after the rash begins, and coughing may be a distressing symptom.

The fever that comes with measles starts about 10 days after the exposure to someone who has the disease, the rash 13 to 15 days after. Measles is especially contagious in the early days when there is sneezing and coughing, so babies should be kept away from persons who have a cough or signs of a cold.

There is no specific treatment for measles, nor is there, as yet, any vaccine for enduring prevention. But if a baby is exposed, his doctor may want to give him an inoculation of "gamma globulin." If given within the first few days after the baby is exposed, measles may be lightened, or even prevented this time. But this protection does not last longer than about four weeks, so if he is exposed again the baby will not be immune.

Early and proper treatment of complications is important.

ROSEOLA INFANTUM (EXANTHEM SUBITUM)

Roseola occurs chiefly in children between the ages of six months and three years. It starts suddenly with high fever. This lasts three to five days then drops to normal and the baby seems almost well. About the time the fever leaves, a fine pink rash is seen for a day or two

In spite of high fever, babies with roseola appear more irritable than really sick. Occasionally convulsions occur. There are no preventive inoculations and no special treatment for it

SMALLPOX

Though smallpox is now rare in the United States with modern divtravel to and from distant countries the possibility of an outbreak is an ever present danger. It is a very serious discise. (See p. 120.)

WHOOPING COUGH

Any baby is likely to get whooping cough if he has been exposed to it unless he has had the disease or has been protected against it by e. Iv moculations.

It usually develops from seven to 10 days after exposure, but may be as late as 21 days.

Whooping cough begins with a cough like that of an ordinary cold. This is the most centificous time, but as there is no whoop the disease may not be recognized. During the first week of two the cough gradually gets worse and for the next two to four wieks coughing bocomes explosive followed by whooping and sometimes by vonuting. As a rule, the cough is more frequent at night. After the whooping street fine cough gradually improves unless the child takes a fresh cold. When this happens, whooping and vointing may start all over again. Unally whooping cough fists six weeks or longer.

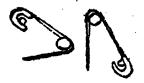
Whooping cough is so serious for young babies that every effort should be made to keep them away from people who have it. This means not letting anyone who has even a light cough or cold come near a bely

Germs are carried many feet by an explosive cough or they may be spread by articles freshly soiled by the throat discharges of an infected possion, so caution is imperative.

All babics should be immunized against whooping cough both because the disease is serious in babics and because babics are not immunic to it. Inoculations should be started early:

If you have any reason to suspect that your haby has whooping cough of has been exposed to it, tell your doctor at once. He may want to give the baby one of the new drugs or some other treatment.





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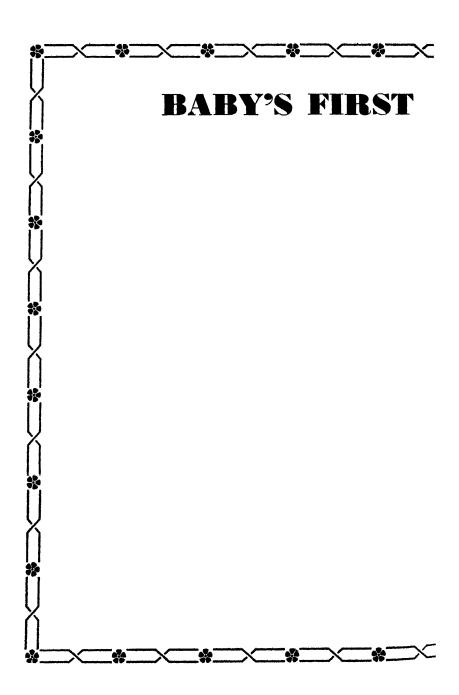
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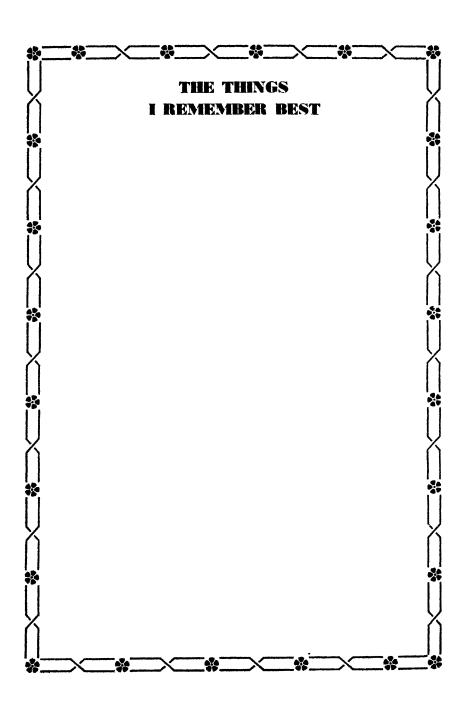
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